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Public Health

CITY AND COUNTY OF THE CITY OF EXETER

EDUCATION COMMITTEE

ANNUAL REPORT

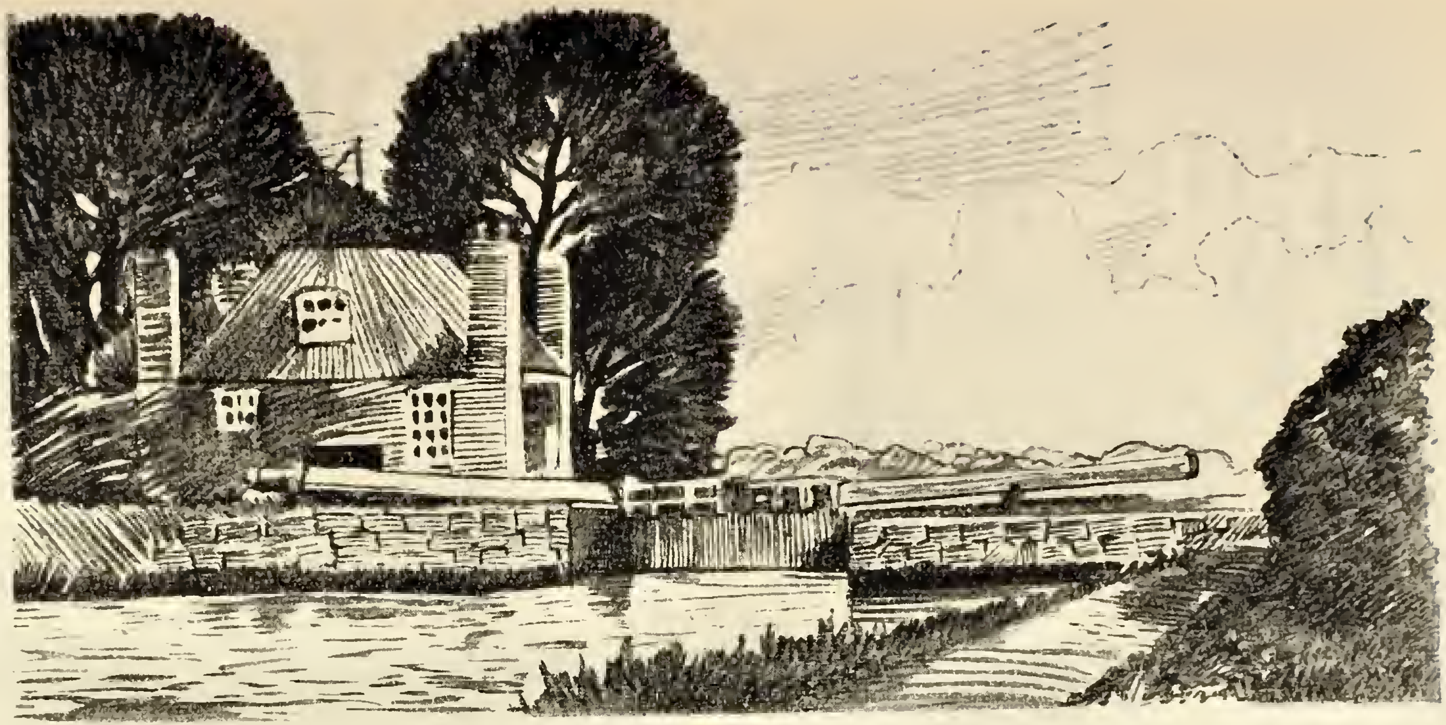
UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1966

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
PRINCIPAL
SCHOOL MEDICAL OFFICER



EXETER CANAL — DOUBLE LOCKS

P. C. De La Garde (1797-1871), an Ophthalmic Surgeon and Archaeologist, claimed that Exeter had the earliest pound lock canal in England. As constructed by John Trew after 1563, it had three pools on pairs of sluices; the middle pool was previously on the site of the present Double Locks.

In 1698 William Bayley undertook to deepen and enlarge the canal to take ships of 60 tons; he removed all the sluices except Trenchard's; but was unable to complete the task. Eventually it was finished and the lock was opened in 1701. The double lock was deepened about 1820 to take ships drawing 14 feet of water.

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School Health Department,
1a, Southernhay West,
Exeter.

March, 1967.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

Added Areas

I submit my annual report on the health of the school children and on the work of the School Health Department for the year 1966. In April parts of Topsham, Alphington and Pinhoe were added to the city; five schools with approximately 750 children, viz. Alphington Junior Mixed and Infants, Topsham Infants, Topsham Junior Mixed, Pinhoe Infants and Pinhoe Junior Mixed were thereby transferred to the Exeter Education Committee. The heads of these schools have co-operated well with this department. The child population of the city in maintained schools, apart from these added area children, increased by 245, so that what may be termed the natural increase was very small. No new schools were opened.

Health

The general condition of the children was good. One in seven of the children examined systematically at a periodic examination required treatment for some defect other than dental disease or uncleanliness. Infectious diseases were not specially prevalent. Much of this improvement is due no doubt to the various immunisation programmes which, in Exeter, have always been very well supported by the parents. Virus infections are unfortunately not yet, on the whole, preventable by use of vaccines.

Periodic Medical Examinations

The system of medical examinations remained unchanged; viz. full periodic examinations at school entry and at 13 years old—except in the two grammar schools where questionnaires and selective examination were used instead of a periodic examination at 13—with selective medical examinations at all intermediate ages.

Infestation

Though scabies (the itch) is said to be becoming more prevalent in some parts of the country, there is no evidence of this so far in our schools. Verminous heads are also said to be more frequent, but again Exeter children are not showing this deterioration.

Vision

The fortnightly afternoon session at the Eye Infirmary specifically allocated to Exeter children (18 a session) is much appreciated. We have had discussions with the consultants about some of the problems affecting the school children's follow-up attendance, but we recognise the great burdens falling on the Eye Infirmary's professional staff, which are well known in the city.

PARTIALLY HEARING

It is, of course, well known that if one is interested in a defect, that defect seems to become more evident and more frequent. Since interest in deafness has been intensified, more and more children are found to require care and the number wearing hearing aids in school is increasing steadily. The Council's Audiology Unit was officially opened on 27th October, 1966, by Gordon L. M. Smith, Esq., B.A., Director of the National Deaf Children's Society, the Mayor (Alderman Mrs. M. Nichols) taking the chair. Mr. T. L. Bradbeer, F.R.C.S., consultant ear, nose and throat surgeon, has taken a keen interest in the development of this unit. It is described in Appendix A. A teacher (Mr. D. Robinson) was seconded in 1966 for training as a peripatetic teacher of the deaf. A trained teacher of the deaf (Miss M. Godsland) has been appointed senior peripatetic teacher and will commence duty on 5th April, 1967. An additional part-time audiometrician (Mrs. P. E. D. Roberts, S.R.N.) was appointed in 1966. Dr. Alan Tucker, who was actively interested in deaf children before coming to Exeter, is responsible for the work and he reports on pages 22-24. When the new unit for partially deaf children, in the Royal School for the Deaf, Exeter is opened in 1968, we hope a number of partially deaf children now attending ordinary schools in Exeter will be able to attend part time, or whole time for short periods, to profit from the specialised help there available. This may well modify our thinking about the desirability of establishing partially hearing units in ordinary schools, which are difficult to staff continuously, and are therefore sometimes scarcely viable.

DENTAL SERVICES

The dental service continued to be fully staffed. We are fortunate to have four dental surgeons for our schools, and five very well-equipped modern dental surgeries. The Countess Wear Dental Clinic was built as an extension of the Child Welfare Centre, and opened in 1966 to serve the Countess Wear and Topsham areas. All the children in maintained schools are inspected at least once annually. About 55% of the children inspected were referred for treatment and 55% of those referred were treated by the school dental surgeons.

SPEECH THERAPY

Speech therapy is an important field of effort, and the service is being strengthened by the appointment of a second whole-time speech therapist in 1967, making the staff equivalent 2.5 whole time.

SCHOOL ACCIDENTS

Dr. McLauchlan writes once again on school accidents, with an emphasis on the preventive aspects.

OBESITY

An effort to investigate obesity in children, to advise the parents and the children concerned, is being commenced in 1967; Dr. McLauchlan is undertaking this work, the success of which depends on the co-operation of the parents and children.

Health Education

Miss E. H. Robertson, the Council's health education officer, continued and amplified the health education effort formally undertaken by Mrs. Stannard (health visitor) at the senior girls' secondary modern schools, teaching health education generally and parentcraft. These efforts have been well received by both staff and children.

One thing I believe is that we all, including children, hear too much today of sex, venereal disease, abortions, divorce and drugs. These topics are often " blazed from the house tops " and publicised at length in certain sections of the press. The local Press observes the right regard for the decencies of life. Whilst children should not be kept in ignorance of the facts of life, a reasonable prudence is necessary, informing the child when he is genuinely searching for knowledge, and matching the information and advice to the age and understanding of the child in a way which makes the child value and respect himself and others.

ducationally Subnormal Children

The new Southbrook day school for educationally subnormal children will be opened at Easter, 1967 for 110 Exeter children and 50 Devon County children. To begin with, it is intended that 60 Exeter and 20 Devon children shall be admitted and these have been selected after consultation between the school medical officers and the educational psychologist. Mr. D. S. Kerr has been appointed head master. Dr. Ryan will be concerned with the medical aspects and a health visitor—school nurse, will visit regularly.

Handicapped Pupils

Much of the emphasis today is on the welfare of handicapped children, and in response to circular 9/66 of the Department of Education & Science, the Council have considered the arrangements for co-ordinating the help available from various sources for these children. One of the health visitors has been allocated special responsibility in the field and some of her observations are recorded on page 39. I consider that all special schools not owned by local education authorities should have available to them and should be required to use, the school health service of the Authority in whose area they are situated.

The development on the Honeylands site of a special centre and day school for spastic children which will shortly become a reality, due to the splendid efforts of the Exeter and Torbay Districts Spastics Society (Chairman, Mr. C. Vranch), and the extension of the Honeylands Hospital School nearby, both being close to the Council's Whipton Health Clinic, makes them a veritable complex of services for handicapped children. This offers opportunities for co-operation between the health, school health and education departments, the hospital service and voluntary bodies in the care of physically-handicapped children, linked in some ways with the care of the severely mentally-retarded children attending the Council's Ellen Tinkham House, on the north-east side of the city. Devon County and the City have an interest in these various projects and we can be sure a great deal will be done for these handicapped children who need so much help. Dr. F. S. W. Brimblecombe, Consultant Paediatrician, has been most helpful in initiating joint discussions on these various projects.

INDEPENDENT SCHOOLS

It may be remembered that I have advocated (as explained in my report for 1964) extending the school health service facilities to non-maintained schools in the city, but this was not acceptable to the schools. I am glad to say that early in 1967 one of the larger independent girls' schools has requested that the school health service should offer its facilities to its pupils ; this has been agreed by the Education Committee.

CONCLUSION

Dr. C. H. J. Baker (emigrated) and Dr. M. D. Cameron (ill health) both resigned during the year. Dr. Baker had worked most zealously and conscientiously for the handicapped school children, and undoubtedly played a large part in establishing an effective audiology service for the school children. We wish him and his family every success. Dr. Cameron too worked both hard and ably and kindly, in a quiet way, for the children in the schools ; unfortunately ill health necessitated her retirement ; we hope she will soon recover. Dr. Elizabeth Ryan (with a special interest and experience in mentally retarded children), Dr. Alan Tucker (with special interest in regard to deaf children) and Dr. Barbara Semple all joined the staff ; we welcome them. It has been a great pleasure to the staff and to me that the Chairman of the Special Services Sub-Committee (Alderman Mrs. M. Nichols) was elected Mayor in 1966, the first woman so to be honoured in this city. To the Director of Education and his staff, the head teachers and the teachers, the doctors and especially the parents, the thanks of the department are due and gratefully recorded ; good relations and co-operation among all these are essential to the welfare of the school children, and it can be truly claimed, they do obtain here. The press too are generally helpful. I thank all my staff and mention particularly Mr. W. H. Stamp, administrative assistant, for their hard work and interest. Finally, I must say once again how well the Committee always support the department. To help the children to better health is a laudable aim of public endeavour.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE

(as constituted on 31st December, 1966)

The R.W. The Mayor
(Alderman Mrs. M. Nichols, b.sc.)

Alderman W. G. Daw
(*Chairman*)

The Sheriff
(Alderman W. J. Hallett, t.d., ll.b.)
(*Deputy Chairman*)

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Alderman Mrs. M. Nichols, b.sc.
Alderman R. W. Pyne
Alderman P. A. Spoerer
Councillor P. E. Aylward
Councillor M. J. H. Cooke
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Councillor G. A. Joy
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Councillor N. W. F. Long
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Councillor R. Sim
Councillor A. Speller, b.sc., b.a.
Councillor F. K. Taylor
Councillor V. D. Whitburn, l.l.c.m.
Councillor Mrs. R. Wickings

Co-opted Members

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Mr. R. H. T. Burgess, f.c.a.
Miss M. N. Church, b.sc.
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Mr. D. J. Holding, m.a.
Miss S. Y. Mathias, m.a.
Mr. S. L. Medlar, m.a.
Rev. Canon T. Pritchard, m.a.
Mrs. W. Unthank, b.sc.
Dr. F. J. Llewellyn, f.r.s.

J. L. Howard, m.sc., a.r.i.c., *Director of Education*

E. D. Irvine, m.d., m.r.c.s., d.p.h., *Principal School Medical Officer*

STAFF OF THE SCHOOL HEALTH DEPARTMENT

Principal Sch. Med. Officer & Medical Officer of Health	Edward D. Irvine, M.D. (Liv.), M.R.C.S., L.R.C.P., D.P.H.
Dep. Principal Sch. Medical Officer & Dep. Med. Officer of Health.	George P. McLauchlan, M.B., Ch.B., (Edin.), D.P.H., D.C.H.
School Medical Officers and Assistant Medical Officers of Health.	Iris V. I. Ward, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H. Charles H. J. Baker, M.R.C.S., L.R.C.P., D.P.H. (Resigned 12.9.66). Margaret D. Cameron, M.B., Ch.B. (Aberdeen), D.P.H. (Resigned 14.2.66). Elizabeth L. Ryan, M.B., B.Ch., L.M., D.P.H. (Dublin) (Appointed 1.4.66). Alan M. Tucker, M.B., B.S., D.Obst. R.C.O.G., D.P.H. (Bris.) (Appointed 1.8.66). Barbara C. Semple, M.B., Ch.B. (Liv.) (Appointed 19.9.66).
Principal Dental Officer	Alvin Pryor, L.D.S., R.C.S. (Eng.).
Dental Officers	Robert B. Mycock, L.D.S. (Bris.). Talbot N. Praat, L.D.S., R.C.S. (Eng.). Gillian A. Rampton, L.D.S. (Durham).
Child Guidance Centre	Hardy S. Gaussen, M.R.C.S., L.R.C.P., Medical Director (Part-time). *Christopher J. Wardle, M.D., D.P.M., Consultant Psychiatrist (Part-time). David J. Thomas, B.A. (Hons.), Dip. Ed. Psych., Educational Psychologist (Part-time). Mrs. M. C. Jenkin, B.A. (Lond.) (Psychiatric Social Worker).
Speech Therapists	Miss I. W. Hastings, L.C.S.T. Mrs. M. Peel, L.C.S.T. (Part-time). Mrs. I. J. Cope, L.C.S.T. (Part-time). Mrs. M. A. Rees, L.C.S.T. (Part-time). (From 1.4.66)
Superintendent Sch. Nurse (Also Supt. Health Visitor)	Miss C. M. Wilkinson, S.R.N., S.C.M., H.V. Cert.
School Nurses (Also Health Visitors) ...	Miss L. M. Barrett, S.R.N., S.C.M., (Pt. 1), H.V. Cert. Miss G. M. Bastow, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss G. A. Bond, S.R.N., S.C.M., H.V. Cert. Miss B. A. Brazil, S.R.N., S.C.M., H.V. Cert. Miss Y. Caselli, S.R.N., R.F.N., S.C.M., H.V. Cert. Miss H. C. K. Chapman, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss M. J. Cook, S.R.N., S.C.M., H.V. Cert.

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* Regional Hospital Board appointment.

School Nurses (Also Health Visitors) (cont.)	Mrs. K. Dunham, S.R.N., S.C.M., (Pt. I) H.V. Cert. Miss A. H. Edds, S.R.N., S.C.M., H.V. Cert. (Retired 31.3.66). Miss P. P. Horne, S.R.N., S.C.M., (Pt. I) H.V. Cert. Miss C. S. Newton, S.R.N., S.C.M., Q.N., H.V. Cert. (Appointed 16.7.66). Miss H. M. Shewan, S.R.N., S.C.M., (Pt. I) H.V. Cert. Mrs. E. Veale, S.R.N., S.C.M., H.V. Cert. (Transferred from Devon County 1.4.66). Miss L. E. Wathen, S.R.N., S.C.M., H.V. Cert.
School Nurses (Temporary) (Part-time)	Mrs. K. A. Atkins, S.R.N. Mrs. D. M. Wakely, S.R.N.
Temporary Clinic Nurses .... (Part-time)	Mrs. M. A. MacNamara, S.R.N. (Resigned 28.4.66). Mrs. T. S. Tiller, S.R.N. Mrs. V. M. Brice, S.R.N. (Appointed 25.4.66).
Audiometricians (Part-time)	Mrs. M. B. Chubb, S.E.N. Mrs. P. E. D. Roberts, S.R.N. (Appointed 16.5.66).
Dental Attendants....	Miss P. M. Bolt Miss D. G. Freeman Mrs. Y. Eastlick Miss M. J. Langworthy
Clerks	Mr. W. H. Stamp (Administrative Assistant). Mrs. C. J. Slack Miss L. M. Bond Mrs. L. Lee (formerly Miss L. Merrett). Miss J. A. Larcombe Miss A. T. Sandercock (Appointed 3.1.66, Transferred to Town Clerk's Dept. 19.8.66). Miss S. Webber (Appointed 22.8.66). Mrs. J. M. Cann (School Dental Service). Miss M. A. Fenwick (Child Guidance Clinic). Mrs. G. Wykes (Child Guidance Clinic) (part-time).

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1966) 92,360

Population (city) over 5 and under 15 years (Mid-Year 1966) 12,400 (Registrar-General's estimate).

Population of Maintained Schools in January 1967 12,448

Number of Maintained Schools 40

Pupils			Schools	
Boys	Girls	Total	Department	Number
27	19	46	Nursery	1
1,581	1,480	3,061	Infants	20
2,413	2,231	4,644	Junior	21
1,613	1,566	3,179	Secondary Modern	7
805	706	1,511	Secondary Grammar....	2
2	5	7	Hospital Special School	1
6,441	6,007	12,448	Total	52

Those schools having both infants and juniors have been counted as having two departments.

On the 1st April, 1966, with the extension of the city boundary, 5 primary schools with approximately 750 children became the responsibility of the Exeter Education Committee. There were no secondary schools in the added areas. Apart from this, there was an increase of approximately 250 children attending our schools.

SCHOOL PREMISES

The following abstract (by courtesy of the City Architect, Mr. Vinton Hall, A.R.I.B.A., A.M.T.P.I.) shows details of work carried out by his department which directly affects the environmental and hygiene conditions in the schools. It does not, of course, list all the work undertaken by the City Architect for the Education Committee.

(a) School Meals Service

The heating installation in the canteen at Cowick Street Infants was improved by the installation of gas " Wellsway " convectors.

Internal redecoration was carried out to accommodation used for school meals purposes, as follows :

Bradley Rowe Schools, kitchen, food and equipment stores and meals serveries ; Montgomery J.M. & I., dining room ; Ladysmith S.M. Boys', dining room, outside toilet; Whipton Barton J.M., servery and store ; The Vincent Thompson S.M. Boys', kitchen, food and vegetable stores, etc. ; Beacon Heath J.M. & I., kitchen staff cloakroom ; Stoke Hill J.M., vegetable stores, etc. ; The Priory S.M. Girls', dining room, staff room and cloaks ; Summerway J.M., kitchen and stores.

(b) **Alterations.** Among various alterations were the following :

An extension was made to the Infant Welfare Centre at Countess Wear to accommodate a dental surgery and ancillary rooms for the School Dental Service. (Total cost £2,830.)

The premises at the rear of the Alice Vlieland Infant Welfare Centre were adapted as a Hearing Assessment Clinic. (Total cost £1,870.)

The building of the new Southbrook School for educationally subnormal children was completed during the year. This school contains adequate accommodation for medical examinations and also for school meals purposes.

At Ladysmith Secondary Modern Boys' School a new gymnasium, complete with changing room and showers, and four additional classrooms were provided.

At the Vincent Thompson Secondary Modern Boys' School, additional two classrooms and two practical rooms were provided.

The electrical installation was re-wired and modernised in the Bradley Rowe Junior Girls' School.

The urinal in the boys' lavatory at Cowick Street Infants' School was improved.

Improvements were effected in the heating installation at Ladysmith Junior Mixed and Newtown Junior Mixed and Infant Schools.

Some parts of the electrical installation at Newtown School were re-wired in the interests of safety. A partition was also provided between the infant hall and room 2 at this school to prevent room 2 remaining a passage room.

Major improvements were carried out to the lavatories at Montgomery School and toilet accommodation was provided for junior boys.

Extra sinks were provided in a number of schools.

(c) **Internal decorations** of a major character were carried out at the following schools :

Beacon Heath Junior Mixed and Infants', Bradley Rowe Infants', Bradley Rowe Junior Boys', Exwick Junior Mixed and

Infants', Montgomery Junior Girls' and Infants', Newtown Junior Mixed and Infants', St. Sidwell's Junior Mixed and Infants', St. Thomas Junior Mixed and Infants', Stoke Hill Junior Mixed, Summerway Junior Mixed, Whipton Barton Junior Mixed, Episcopal Secondary Modern Mixed, John Stocker Secondary Modern Boys', Ladysmith Secondary Modern Boys', St. James Secondary Modern Girls', The Priory Secondary Modern Girls', The Vincent Thompson Secondary Modern Boys', Hele's, Bishop Blackall, The Technical College, The College of Art.

(d) Minor redecoration

In addition to the internal redecoration work referred to above, minor work was carried out at twelve other schools or properties controlled by the Education Committee.

SCHOOL HYGIENE

The medical officers, with the head teachers, make regular inspections of schools to see that the sanitary accommodation, ventilation, lighting and heating, washing facilities, cleanliness, school furniture and canteen arrangements are suitably maintained. Significant findings have been referred to the director of education and he has told me that the following items have been dealt with or are included in the work to be carried out as soon as is practicable.

Countess Wear Infants' School—The East Devon Water Board are investigating the inefficiency of the water fountains which has been caused by variation in pressure in the mains water supply.

St. Nicholas School—new lavatory facilities have been provided for the staff, following recommendation to the Governors.

Topsham Infants' School—the heating will be improved in phases over the next two or three years.

Accommodation for medical examination in most schools is seriously inadequate ; boys from Ladysmith Secondary School are now examined at the Central Clinic because suitable accommodation is not available on existing premises.

The wide variation in stature of children normally found in the same age and sex groups necessitates care when considering the replacement of chairs and desks.

MEDICAL EXAMINATIONS

In a total maintained school population of 12,448 the periodic medical examinations (i.e. of entrants and 13 year olds) numbered 1,823 and " other medical examinations " 5,075. In only two children was the general physical condition considered " unsatisfactory ", both girls aged 13 years—one with severe lassitude and multiple physical handicaps, the other with gross obesity. Parents were present at 1,569 (86%) of the " periodic " examinations (see table below). They are usually invited to be present at re-examinations and special examinations, but their attendances at these are not recorded. 245 children (i.e. approx. 1 in 7 of those examined at the periodic examination) were found to require treatment for some defect other than dental disease or verminous conditions, which latter are very rare indeed.

Ear, Nose and Throat Conditions

Discharging ear was noted in 5 children (1 boy ; 4 girls)—all but one were entrants—out of 1,823 children examined at periodic medical examinations (i.e. 1 in 365 of those examined) ; in addition, 2 were found in 1,232 special examinations and 15 more in 3,843 re-examinations. 20 of these children were already having treatment and 2 were referred for investigation and/or treatment.

29 children (21 from periodic and 8 from special examinations) were referred for treatment of other nose and throat " defects ", whilst a further 303 children were kept under observation for similar reasons.

General Condition of the Children

The general condition of the children continues to be satisfactory, 99% having been so classified—the same as last year.

PARENTS' ATTENDANCES AT COMPLETE PERIODIC EXAMINATIONS

Age Group	No. of children examined	No. of parents present	Percentage 1966	1965
5 year olds	1,122	1,085	97%	98%
13 year olds	701	484	69%	60%
Total	1,823	1,569	86%	82%

HEIGHTS AND WEIGHTS

(Periodic Medical Examinations)

BOYS' HEIGHTS

London School Children (1959)*		Exeter Boys						
Age	Height in inches	Age	No. Examined in 1966	Average Height in Inches				
				1966	1965	1964	1963	1962
—	—	4 (4-5) years	31	38.7	37.5	38.0	38.4	39.2
5½ yrs.	43.75	5 (5-6) ,,	236	43.3	43.3	43.3	42.9	43.0
6½ ,,	46.25	6 (6-7) ,,	288	43.6	43.9	43.5	44.1	44.2
12½ ,,	59.0	12 (12-13) ,,	235	61.3	60.5	60.6	60.4	60.4
13½ ,,	61.25	13 (13-14) ,,	143	62.5	61.6	62.0	62.5	63.2
14½ ,,	64.25	14 (14-15) ,,	15	62.9	66.2	64.4	63.4	64.6

BOYS' WEIGHTS

London School Children (1959)*		Exeter Boys						
Age	Weight in pounds	Age	No. Examined in 1966	Average Weight in Pounds				
				1966	1965	1964	1963	1962
—	—	4 (4-5) years	31	36.7	34.3	34.2	36.4	37.5
5½ yrs.	44.0	5 (5-6) ,,	236	43.4	43.2	43.6	42.7	43.3
6½ ,,	49.0	6 (6-7) ,,	288	43.9	44.2	43.8	44.3	44.5
12½ ,,	92.0	12 (12-13) ,,	235	101.1	99.9	100.2	96.6	98.4
13½ ,,	103.5	13 (13-14) ,,	143	106.5	103.1	107.0	110.2	110.7
14½ ,,	116.75	14 (14-15) ,,	15	112.8	123.1	117.9	110.7	115.1

GIRLS' HEIGHTS

London School Children (1959)*		Exeter Girls						
Age	Height in inches	Age	No. Examined in 1966	Average Height in Inches				
				1966	1965	1964	1963	1962
—	—	4 (4-5) years	21	38.4	40.1	37.4	39.2	39.0
5½ yrs.	43.5	5 (5-6) ,,	257	42.8	43.0	43.1	42.7	42.4
6½ ,,	46.0	6 (6-7) ,,	280	43.4	43.4	42.7	42.7	43.6
12½ ,,	59.75	12 (12-13) ,,	145	61.2	61.6	61.0	61.2	61.0
13½ ,,	61.5	13 (13-14) ,,	124	62.4	61.1	62.2	61.8	62.2
14½ ,,	62.75	14 (14-15) ,,	23	62.2	62.4	62.5	62.2	62.1

GIRLS' WEIGHTS

London School Children (1959)*		Exeter Girls						
Age	Weight in pounds	Age	No. Examined in 1966	Average Weight in Pounds				
				1966	1965	1964	1963	1962
—	—	4 (4-5) years	21	34.8	38.2	33.8	38.4	35.1
5½ yrs.	42.75	5 (5-6) ,,	256	42.3	42.2	43.2	41.6	41.7
6½ ,,	48.5	6 (6-7) ,,	282	43.0	43.4	43.0	41.3	44.1
12½ ,,	96.75	12 (12-13) ,,	139	107.8	107.8	105.3	107.5	102.5
13½ ,,	108.0	13 (13-14) ,,	121	113.8	110.4	112.6	111.6	113.2
14½ ,,	114.75	14 (14-15) ,,	23	114.4	113.6	112.8	113.9	115.1

Procedure re Heights and Weights

Heights : All children are measured in their stockinged feet.

Weights : **Boys**—wearing shirt, underclothes, trousers and socks.

Girls—wearing dress or blouse and skirt, underclothes and socks or stockings.

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* Report on the Heights and Weights of School Pupils in the County of London in 1959 (L.C.C., 1961) (normal underclothing, without shorts and jacket, etc.).

MEDICAL EXAMINATIONS 1966

Statistics

Total Number of Children Examined

During the year 1966, the number of medical examinations increased by 944 :

Year :	1956	1962	1963	1964	1965	1966
Special Examinations	1,119	1,237	746	983	882	1,232
Re-Examinations	1,812	2,196	2,586	3,441	3,341	3,843
	2,931	3,433	3,332	4,421	4,226	5,075
Periodic Medical Examinations ...	4,793	1,901	1,701	1,998	1,728	1,823
TOTAL ...	7,724	5,337	5,036	6,422	5,951	6,898

A re-examination is an inspection arising out of one of the periodic medical inspections or out of a special inspection. A special examination is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person ; also included are employment examinations and inward transfers.

Number of Children Referred to Hospital

The rise in the number of children referred to hospitals has been maintained since the selective system started in mid-1959 :

	1958	1959	1961	1962	1963	1964	1965	1966
Ear, Nose and Throat cases	14	29	76	112	96	86	56	51
Other cases	18	73	62	52	53	73	87	51
TOTAL ...	32	102	138	161	149	159	143	102

Of the 51 " other cases " referred in 1966 to hospital consultants, 20 were for orthopaedic and 31 for other conditions.

Special Selective Examinations

(a) Complete medical examination	794—many of these were of children recently transferred into the City.
(b) Medical examination—not complete, i.e. not involving all systems	264.

(a) Special (Complete) Examinations

Out of the 794 children examined, 366 were found to have defects. Of these 366 children, 361 were seen at the request of the medical officers and 5 at the request of head teachers.

DEFECTS FOUND.

REFERENCE FOR TREATMENT OF DEFECTS OF :

Skin	8	Orthopaedic, posture	3
Vision	38	Orthopaedic, feet	4
Squint	3	Orthopaedic, other	7
Eyes, other	1	Psychological development	10
Hearing	6	Psychological stability	1
Otitis	3	Abdomen	1
Ears, other	2	Weight	2
Nose and throat	2		
Heart and circulation	1	TOTAL	99
Lungs	7		

KEPT UNDER OBSERVATION FOR DEFECTS OF :

Skin	16	Orthopaedic, posture	15
Vision	42	Orthopaedic, feet	15
Squint	1	Orthopaedic, other	9
Eyes, other	1	Epilepsy	2
Hearing	31	Nervous system, other	4
Otitis	5	Psychological development	7
Ears, other	1	Psychological stability	11
Nose or throat	54	Bowel control	1
Speech	5	Bladder control	11
Lymphatic glands	4	Weight	4
Heart and circulation	8		
Lungs	13	TOTAL	267
Developmental, other	7		

(b) Special Examinations, i.e.—not complete—involving, for example, cardio-vascular system, or respiratory system, etc.

264 children were medically examined in school by special request of school doctors (88), of head teachers (103), and of parents (73) ; of these, 89 required treatment and 88 were referred for observation ; 87 required no action.

The tables below set out the findings.

DEFECTS FOUND.

REFERRED FOR TREATMENT FOR DEFECT OF :

Skin	3	Orthopaedic, feet	3
Vision	14	Orthopaedic, other	1
Hearing	20	Epilepsy	7
Otitis	1	Psychological development	2
Ears, other	3	Psychological stability	4
Nose or throat	8	Bladder control	2
Speech	7	General condition	5
Heart and circulation	1	Weight	1
Lungs	4		
Developmental, other	3	TOTAL	89

KEPT UNDER OBSERVATION FOR DEFECTS OF :

Skin	1	Orthopaedic, feet	4
Vision	10	Orthopaedic, other	1
Eyes, other	3	Epilepsy	2
Hearing	5	Nervous system, other	2
Otitis	1	Psychological development	2
Nose or throat	17	Psychological stability	1
Lymphatic glands	2	Abdomen	3
Heart or circulation	2	Bladder control	3
Lungs	8	General condition	13
Developmental, hernia	1	Weight	5
Developmental, other	1		
Orthopaedic, posture	1	TOTAL	88

NOCTURNAL ENURESIS
(Bed Wetting)

New Cases (97, all ages)

During the year 72 "new cases" of nocturnal enuresis (29 boys—43 girls) were noted by school doctors among 1,070 children examined at the periodic medical inspection at school entry—a rather higher proportion than in 1965. Additionally 8 new cases (7 boys—1 girl) were found among 3,843 of various ages re-examined and 17 (10 boys—7 girls) among 1,232 of various ages having special examinations—again higher proportions than in 1965.

NEW CASES

Frequency of Bedwetting	Every night	Two or Three times a week	Once a week	Occasional	Total
Girls	26	7	4	14	51
Boys	26	8	2	10	46

NEW CASES — FAMILY SIZE

Size of Family	No. of Families	Sex of children concerned	
		Girls	Boys
Only child	8	4	4
One of two children	27	13	14
One of three children	28	16	12
One of four children	19	9	10
One of five or more children	15	9	6
TOTAL	97	51	46

Family History

In 9 children (4 girls—5 boys) there was a history of bed-wetting in near relatives.

Intelligence

Only one child had an intelligence test—boy, I.Q. 73.

Maladjusted

None of the children was classified as maladjusted.

Other Defects

Nine children (6 girls—3 boys) had speech defects ; 10 children (5 girls—5 boys) had defective hearing ; 1 (boy) suffered with ear trouble ; 1 (boy) had had encephalitis ; 2 (girls) suffered from asthma.

Specific Alleged Causes

In 5 of the children (3 girls—2 boys) enuresis started on entry to school ; in 2 (1 girl—1 boy) it started after the births of younger siblings ; in 1 (girl) it started when a parent became ill ; in 1 (boy) it started after an operation for circumcision ; in 1 (boy) it was caused by a disturbed family situation and 1 (girl) was a deep sleeper.

Treatment with the Electric Alarms during 1966

This was under the supervision of Dr. Tucker.

Broadly speaking, cases were chosen as suitable for this treatment on the following basis :—

(a) Age not below 7 years.
(b) No urinary abnormality found.
(c) No apparent organic cause for enuresis.
(d) Reasonable expectation of parental co-operation.
(e) Only after consultation and by agreement with the family doctor.

Personal enquiries were made at 1 month and 6 months after the return of the apparatus to ascertain the immediate results of treatment.

Forty children (16 girls—24 boys) were loaned an alarm during the year ; 3 at the request of the family doctors. The results of the treatment were as follows :—

Period Elapsed after return of alarm	DRY		OCCASIONALLY WET		NO IMPROVEMENT	
	after 1st course	after 1st relapse	after 1st course	after 1st relapse	after 1st course	after 1st relapse
Immediate condition on return of alarm	1	1	—	1	4	1
After 1 month	3	2	7	2	2	1
After 6 months	1	—	—	1	1	—
	5	3	7	4	7	2
TOTAL	8 dry		11 occ. wet		9 no improvement	

Unsuccessful treatment (9 cases) : in 2 the alarm was issued for the second time.

There was no apparent reason for failure in 4 cases. In 3 cases lack of co-operation by the parents was evident ; in 1 case the alarm was not used properly as the child was too young, and in another case the child was very emotional and was later referred to the Child Guidance Clinic.

Only 28 results are shewn, as 12 of the alarms were still in use at the end of the year.

PARTIALLY HEARING CHILDREN

The statistical details about partially hearing Exeter children are set out below.

(a) School Children

	At year end	1966	1965
1.	**Attending Schools for the Deaf**		
	(a) Royal School for the Deaf, Exeter (includes 2 children under 5 years old)	23	21
	(b) Summerfield House School for the Deaf, Worcestershire	1	1
	(c) Mary Hare Grammar School for the Deaf, Berkshire	1	1
2.	**Wearing Hearing-Aids and attending ordinary Schools**	48*	44
	including newly discovered as requiring hearing-aids	(8)	(14)
3.	**Wearing Hearing-Aids and attending residential special schools because of handicaps other than deafness**	2	2
4.	**Number of school children under observation with some degree of hearing loss**	488	431

* Includes 1 child attending a partially hearing unit attached to an ordinary school (junior) in Torquay.

SWEEP TESTS

No. of 5 year olds given sweep test		1,073	916
No. of these children " who failed " sweep test		167 (15%)	128 (14%)
Further findings and action taken *re* the 167 children who failed sweep test :			
Hearing within normal limits after full test	84	(50% of the sweep test failures).	
Referred to Ear, Nose and Throat Surgeons	2	Surgeon's findings etc.; T's and A's operations 1 Hearing Aid provided 1	
Absent for full audiometric test	6		
Left Exeter	3		
Remaining under observation	72		

CHILDREN HAVING FULL PURE TONE AUDIOMETRIC TESTS

		1966	1965
(a)	Having " failed " in sweep test (5 year olds)	158	113
(b)	Wearing hearing aids	48	44
(c)	Referred for other reasons (re-tests, etc.)	797	881
	TOTAL	1,003	1,038

(517 or 50% of the 1,003 children were found to be within normal limits of hearing).

		1966	1965
(d)	Children referred but failed to attend or left Exeter	13	15
(c)	Total number of tests and re-tests	1,817	1,369

Wearing hearing aids :

	INFANTS	JUNIORS	SECONDARY	TOTAL
Boys	2	9	12	23
Girls	3	7	15	25
TOTAL	5	16	27	48

The 488 remaining under observation :

	INFANTS	JUNIORS	SECONDARY	TOTAL
Boys	102	110	58	270
Girls	87	81	50	218
TOTAL	189	191	108	488

All audiograms showing a loss of hearing are seen by the school doctors for their consideration. The more severe cases are referred to Dr. Tucker for further examination at the Audiology Clinic. Of the 488 children remaining under observation at the end of the year 32 had been referred to the ear, nose and throat consultants at the Royal Devon & Exeter Hospital, who advised :

Tonsil/Adenoid operation	16
Examination under anaesthetic	1
For further examination	7
Not yet examined	8

After T's and A's operations, children are re-tested audiometrically about 6 months later.

The new audiology unit was opened in October, 1966, and has proved its value (it was described in my last report). A second part-time audiometrician (Mrs. P. E. D. Roberts, S.R.N.) was appointed in April, 1966.

Sweep tests at school entry continued during the year. Towards the end of the year all new transfers in to our schools from other areas (irrespective of age) were sweep tested. References for audiometric testing, otherwise, were made by many persons, including one of the children (and that with good reason). I hope to arrange (as a pilot effort) an audiometric survey of a group of 8 to 9 year old children in two schools who have been tested in 1963 to see if a systematic second sweep throughout the schools would reveal any substantial number of children with hearing loss not previously known.

Of the 50 children in maintained schools in Exeter who had hearing aids, 28 were wearing them regularly. 5 required constant supervision to ensure they used their aid. 2 no longer needed them and 12 were able to manage at times without them ; 3 (all senior girls) refused to wear them.

The Audiology Unit. (Observations by Dr. A. M. Tucker.)

The unit is being increasingly used for the observation and differential diagnosis of children with communication disorders, many of which are not primarily caused by hearing defects; it is in this field that the value of the combined hearing assessment team, the two-way observation window and the intricate intercommunicating electrical installations are proving most valuable.

The combined hearing assessment team consists of Mr. T. L. Bradbeer (ear, nose and throat consultant), Dr. F. S. W. Brimblecombe (paediatric consultant), Dr. A. M. Tucker (assistant medical officer of health), Mr. R. E. Olding (headmaster of the

Royal School for the Deaf), Mr. D. Thomas (educational psychologist), the peripatetic teacher of the deaf, Miss G. M. Bastow and Miss Y. Caselli (health visitors with special responsibility for pre-school hearing assessment). A child psychiatrist, speech therapist, general practitioner and others are invited as and when necessary to establish diagnosis of cases and discuss educational placement.

A large number of visitors have viewed the Unit since its official opening in October, 1966, and these included members of the Royal Society of Health, doctors attending the Postgraduate Institute Course, some local general practitioners and teachers.

Ascertainment

(1) Pre-school Children

During the year the " At Risk " register continued to be used in relation to the ascertainment of deafness in infants, but, apart from routine screening at 8 months of age by health visitors, a large number of requests for hearing tests were made by general practitioners, medical officers conducting infant welfare clinics, the child guidance clinic, health visitors, nursery school teachers and mothers themselves. All " failures " are seen by Dr. A. M. Tucker and Miss G. M. Bastow at a pre-school audiology clinic, and from these a number of special problems are channelled to the combined assessment clinic. Occasionally diagnosis is only achieved after many periods of observation ; this is particularly true with severely withdrawn children and those with mixed handicaps, including mental subnormality. Electroencephalo-audiography may become the ultimate standby to assist diagnosis in these children, if and when standardised computers become available for use.

(2) School Children

Mrs. M. B. Chubb and Mrs. P. E. D. Roberts, audiometricians, continued testing school children. The " sweep test ", at sound levels of 25 decibels intensity and in the range of sound pitch at 250, 500, 1,000, 1,500, 2,000, 3,000, 4,000, 6,000 and 8,000 cycles per second was used for testing all 5 year old school entrants and all inward transfers. It has not been found practicable to do further sweep testing at between 8-11 years of age ; we consider that intelligent use of the selective medical examinations used in our schools, associated with the increasing awareness of hearing defects by sources of referral, may justify delaying its introduction. We hope to undertake a pilot survey during 1967, among a group of children who have had a previous sweep test, in order to compare the numbers found with a hearing loss on the second sweep with the findings of the first sweep. It is hoped that the children, who have not had the 5 year old sweep test because they were too old when it was first introduced in January, 1965, may be included if a second test is considered advisable.

All school children with abnormal pure tone audiograms have supplementary tests of speech comprehension, using phonetically balanced verbal lists. We use the following sentences, as advised by the Manchester University Department of Education of the Deaf :—

1. "Arthur likes polishing his new bicycle."
2. " Mother grows some fine vegetables in her garden."
3. " The chimpanzee chases the zebra through the jungle."

The use of pre-recorded lists of words at known levels of intensity is being examined in an effort to standardise them ; at the moment we rely on the experience of the tester, together with sound level meter readings.

Referrals, from all sources, for audiograms continue to increase; this is reflected in the increasing number of children wearing hearing aids in ordinary schools :—

	End 1966	End 1965	End 1964	End 1963	End 1962
Total No. of children wearing hearing aids	48*	44	38	31	24
New cases (excluding transfers from other areas)	8	14	11	8	11

(* 1 attends a partially hearing unit in Torquay).

The 5 year old " sweep " failure rate was 15% (it was 14% in 1965) ; after full pure tone audiometric testing, about half of that 15% required further observation and/or treatment.

Training and Education

Now that the Education Committee have appointed a senior peripatetic teacher of the deaf and have in training another teacher for this work, parent guidance, which so often suffers, but which is so vital, should soon be more fully available. This will ease some of the problems which Miss G. M. Bastow (Health Visitor) and Mrs. M. B. Chubb (Audiometrician) have had to face on their own.

Severe deafness limits occupational opportunity and the inability to undertake further education means that many are unable to do skilled as opposed to unskilled jobs. They are an underprivileged section of the community who need special help at all stages of life ; education and welfare must be a continuous progress and not end with formal school leaving. The Rev. W. B. J. Brown starts as welfare officer to the deaf (in the Council's welfare department) on April 1st, 1967. We are arranging that he will be introduced to the more severely deaf children attending ordinary or special schools, during their last year at school. In this way a personal link will be established between the welfare officer and both child and parent, which can be maintained after the child has been introduced to the cultural, social and spiritual turbulence of the adult world. I shall review each child annually, and it is hoped that Father Brown and the peripatetic teacher of the deaf will also be present at the final session, the results of which will be discussed with the youth employment officer.

VISION

The School Eye Service is provided by the West of England Eye Infirmary; to which 786 children were referred by the school medical officers during the year. 197 of them (101 boys; 96 girls) were referred for the first time and spectacles were prescribed for 96 (47 boys; 49 girls). The usual visual standard for reference is 6/12 in either eye, unaided. The age groups of the 197 children referred to the Eye Infirmary for the first time is set out below :

Year of birth	Number Referred	Prescribed Spectacles
1961/60	19	6
1959	22	12
1958	28	15
1957	23	10
1956	12	7
1955	19	9
1954	13	8
1953	26	15
1952	18	6
1951	10	4
1950	6	4
1949	1	—
TOTAL	197	96

In addition to the 589 old cases referred by us, 12 school children attended without appointment; they all had glasses prescribed. Also during the year 229 (100 boys; 129 girls) were noted for the first time as attending private opticians. The corresponding figure for 1965 was 142 and for 1964 was 131.

As mentioned in my 1964 report, the special session conducted by Dr. J. M. Dawrant at the Eye Infirmary for the refraction of school children has been continuing on the second and fourth Thursday in each month, but the hope for a weekly session has not materialised. All new cases still attend the very busy morning clinics, along with the general public.

A school nurse assists Dr. Dawrant at the special Thursday sessions; this has proved valuable both to the hospital and the school health service.

SQUINT

Despite all our efforts to detect squint in infancy, when treatment is most effective, 2 new cases of squint (1 boy; 1 girl) were found in five/six year old children attending our schools, and were referred to the Eye Infirmary; 1 had come to Exeter from another authority.

Vision Examination of 5 Year Old Children

Of 1,017 five year old children tested during their medical examination as entrants, 187 (86 boys; 101 girls) were found to have some degree of defective vision; of these, 24 already had spectacles and were under regular observation at the Eye Infirmary; 5 had attended private opticians ; 9 (6 boys ; 3 girls) were referred to the Eye Infirmary for further investigation (spectacles were prescribed for 5 of them (3 boys ; 2 girls)) : the rest were to be kept under observation.

Vision Examination of 13 Year Old Children

Of the 621 children tested during the periodic medical examination in their fourteenth year, 84 (38 boys ; 46 girls) already had spectacles ; 10 (7 boys ; 3 girls) not previously known to have defective vision, were found to have visual acuity of 6/12 in either eye, or worse, and therefore were referred to the Eye Infirmary and investigated ; spectacles were prescribed for 5 of them (4 boys ; 1 girl).

In addition to these two groups the school nurses tested the vision of 3,685 children in the following age groups :

AGE	No. Examined	Normal*	For Observation	Referred to Eye Infirmary
7 year olds	1,042	872	138	32
10 ,, ,, ...	962	812	132	18
12 ,, ,, ...	912	716	160	36
14 ,, ,, ...	769	616	134	19
TOTAL	3,685	3,016	564	105

* Not worse than 6/9 in either eye.

Result of the reference of the 105 children to the Eye Infirmary :

AGE	Spectacles prescribed		Spectacles not prescribed		TOTAL
	Boys	Girls	Boys	Girls	
7 year olds	6	9	9	8	32
10 ,, ,, ...	5	5	3	5	18
12 ,, ,, ...	8	8	11	9	36
14 ,, ,, ...	4	5	4	6	19
TOTAL	23	27	27	28	105

COLOUR VISION

During 1966, the nurses, using Ishihara plates, tested 498 boys, mainly 10 year olds in their last year at junior schools. 33 were considered to be defective and were called to the central school health clinic for retesting by Dr. G. P. McLauchlan, with the Giles-Archer Lantern ; 20 were found to be " unsafe ". The table below sets out the results of the tests. Of the 4 children remaining untested from 1965—2 were tested this year, both were found to be " unsafe ". We have not examined the girls since 1958, as defective colour vision is so rare among them. No suspected cases of defective colour vision in girls have been referred from the schools.

COLOUR VISION

(BOYS)

ISHIHARA TEST RESULTS (In 1966)	*Boys*	5 years 1962-66 *Summary*
Number examined	498	2,928
Number found to have defective colour vision	33 (6.4%)	210 (7.2%)
Inconsistent	—	17
Green Defective	19	76
Partially Green Defective	5	35
Red Defective	—	25
Partially Red Defective	—	4
Red-Green Defective	—	10
Partially Red-Green Defective	—	1
Did not attend	8	41
Found to be normal	1	1
TOTAL	33	210
UNSAFE	20	98

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILLITIS

216 children (108 boys ; 108 girls) in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1966, i.e. 1.7% of the school population.

TONSIL AND/OR ADENOID OPERATIONS, 1966

Age at Operation	*Boys*	*Girls*	1966 *Total*	1965 *Total*
Under 6 years	18	22	40	24
6 years	29	22	51	35
7 ,, ...	27	11	38	37
8 ,, ...	16	12	28	21
9 ,, ...	4	12	16	23
10 ,, ...	7	9	16	11
11 ,, ...	1	8	9	4
12 ,, ...	4	2	6	5
13 ,, ...	2	7	9	5
14 ,, ...	—	3	3	1
15 ,, ...	—	—	—	—
TOTAL	108	108	216	169

REPORT OF THE PRINCIPAL DENTAL OFFICER
YEAR ENDING 31st DECEMBER, 1966

(Report by Alvin Pryor, L.D.S., R.C.S. (ENG.))

1966 has been a year of steady development for the School Dental Service in Exeter. Our net has been cast a little wider than in the past, as will be detailed later in this report.

The dental staff remained up to full strength throughout the year, with no changes, which is very gratifying. Exeter is indeed fortunate in this, compared with many other authorities where recruitment to the school dental service is low. It is not due to Exeter's geographical location, as the South West appears to be unattractive to young dentists, being considered " remote ".

The City extended its boundaries in April, to include most of Topsham, Alphington and Pinhoe, with their related schools. Children from Pinhoe are now treated at the Whipton Dental Clinic, children from Alphington attend the St. Thomas Dental Clinic, while those from Topsham and the growing Countess Wear district are treated at the new clinic at Countess Wear.

This dental clinic, for which I have campaigned for some years, was erected during the summer of this year, and is located alongside the existing welfare clinic in Glasshouse Lane, Countess Wear. It is housed in a modern-style wooden building, furnished with up to date equipment and is most attractive. Many complimentary remarks have been made about it by parents accompanying children. The Topsham children are attending in steadily increasing numbers.

The St. Thomas Clinic in Tin Lane has been equipped with the latest type McKesson Gas & Oxygen Anaesthetic Apparatus, in the interests of increased efficiency and safety, during the year.

The Whipton Dental Clinic was equipped with a Philips Dental X-Ray machine, and a room adapted and equipped as a dark room, this spring. The new X-Ray facility is proving of great value and convenience to the dental officer there.

Dr. N. G. P. Butler, consultant anaesthetist, attended weekly throughout the year for dental anaesthetic sessions. Dr. Butler continues to use, and improve in detail, the 20% oxygen to 80% nitrous oxide method of general anaesthesia, which he helped to introduce into this country, as I have mentioned in previous reports. As the patient is breathing the equivalent of atmospheric oxygen during the whole period of the operation, the contribution to safety is immense. The absence of unpleasant after-effects is a cause for favourable comment, and recovery is very rapid—all attributable to the lack of anoxia inherent in this technique. Most encouraging is the fact that several doctors in Exeter have adopted this method themselves, having been present during some of our routine anaesthetic sessions.

Mr. R. B. Mycock, dental officer, continued his own regular weekly general anaesthetic sessions throughout the past year, holding these on alternate weeks at the Whipton and St. Thomas clinics.

The other dental officers and I give general anaesthetics for each other as required. Our established "panel" of local doctors, upon whom we call for the emergency administration of general anaesthetics for pre-school children and expectant and nursing mothers, has proved invaluable. We can claim a complete coverage for relief of pain, no patient having to wait for more than a matter of a few hours at most for a general anaesthetic to be provided. We have, in this, a considerable advantage over the general dental practitioner, who is so often working on his own. In fact, we frequently treat children in pain who have already been taken to local dentists unable to attend to them for some time (even for some weeks). A few of these dentists, in fact, make a practice of sending such emergency cases to our clinics—we are quite happy to oblige, of course.

Mr. Maurice Burley, consultant orthodontist, attended through the year, as required. His advice and help are much valued by the dental officers, as is his friendly approach. The more involved cases are referred to Mr. Burley, the routine cases being treated by these officers on their own initiative.

The evening courses for dental surgery assistants, at the Exeter Technical College, were continued this year, one terminating in the Spring, another commencing in September. These courses are run by local dental practitioners and the college staff, and lead to the examination for the National Certificate of the British Dental Nurses Society. I am pleased to have been able to assist in the organisation of these courses, and to record that one of my dental surgery assistants, Miss M. J. Langworthy, gained the certificate this year. Three of my dental surgery assistants now hold this certificate, while the fourth is attending the current course.

All the maintained schools in the city received dental inspections during the year. A large proportion of the children received two, sometimes three or four, dental "check-up" examinations during the year.

These extra inspections take place at the dental clinics, on a recall basis. This avoids troubling the schools more than once per year. And I would like, as usual, to thank those of the head teachers and their staffs who have been so helpful to us during the year in review. It makes our work so much lighter.

An innovation this year has been to treat trainees attending the Nichols Adult Training Centre. Those attending the centre received a dental inspection earlier this year, and a few have attended for treatment. We also treat from time to time Exeter children who attend schools outside the city, at the specific request of the parents. These are often children who now attend boarding schools outside the city, but have in the past attended Exeter schools—we see these children in their holidays; others go to private schools within the city; maintained-school children receive priority, of course.

The condition of the teeth of Exeter's children continues to improve, despite the ceaseless attempts at their destruction by the promiscuous eating of sweets. There is, on average, less to do for each child, per course of treatment, than in the past. It is, to say the least, disheartening to observe children cramming handfuls of sweets into their mouths going to or from school. Mothers have, on occasion, rewarded their children in our own surgeries with a sweet, and I have had, more than once, to request a child to get rid of a sweet which he was sucking on entering the surgery! However, the great amount of dentistry done for the children annually by the school dental service and the large numbers of dentists in the city keeps the situation under control.

Miss E. H. Robertson, health education officer, has, at my request, been showing suitable Dental Health films in the schools, in an attempt to get the message across to the children. Miss Robertson has also staged a Dental Health Week display in the Market Hall earlier in the year.

It now remains to fluoridate the city's domestic water supply, and then we can really begin to get progress. I have discussed this more fully in previous annual reports. Exeter City Council has rejected the proposal.

Lastly, and as always, I would like to thank my dental officers and staff, all of whom have worked willingly and well throughout the year. Probably considered a little trite nowadays, I still like to regard them as a family group rather than mere " business associates ".

Dental Inspections

The number of children inspected in school was 11,248. Of the 724 inspected at the clinic, 672 were emergency cases. Those recalled for "check-up" and mentioned earlier numbered 350, of whom 289 were found to require treatment. Also (not included in the table) 41 children were examined in the Ellen Tinkham House, 14 of whom were found to require treatment.

Treatment

The number of teeth filled in 1966 was 4,002 ; 700 children had their teeth scaled ; 3,224 teeth were treated with silver nitrate and 140 were X-rayed.

Orthodontia

Children considered suitable receive this treatment. 21 new cases were commenced during the year. At the beginning of the year 290 cases were being treated, and 66 were completed or discontinued during the year, leaving 245 still under treatment at the end of 1966.

Dental Clinics	*Attendances* 1964	1965	1966
Central Clinic, 1a Southernhay West	4,137	3,874	4,388
Whipton Health Clinic	2,387	2,142	1,965
St. Thomas Clinic	2,501	2,377	3,014
TOTALS	9,025	8,393	9,367

Age Distribution of Children Inspected and Referred.

Age in years.	Udr. 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total
No. inspected in schools ...	58	632	1079	1140	1118	1085	1026	1015	1010	871	887	742	343	113	65	26	5	11,248
No. referred for treatm't	18	305	625	665	686	653	580	575	561	475	463	377	115	45	18	5	2	6,168

CLEANLINESS

The number of head cleanliness inspections during 1966 was 11,115 (12,816 in 1965); 79 children (15 boys; 64 girls) were found unclean, i.e. verminous with nits or lice, compared with 82 in 1965 and 92 in 1964. 17 of the children had been found verminous during the previous year. The overall rate for 1966 was 0.63% (0.23% among the boys and 1.06% among the girls) compared with an overall rate of 0.72% in 1965 and 0.81% in 1964.

TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN (VERMINOUS) HEADS FOUND IN 1966 BY AGE GROUPS

Age (at 31.12.66)	Children with Heads Found Unclean					
	Table A.				Table B. No. of Children in Table A. also found Unclean in 1965	
	Once Only		More than Once			
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Under 5 years ...	—	1	—	—	—	—
Aged 5 ,, ...	1	5	1	—	—	—
,, 6 ,, .	2	6	—	1	—	1
,, 7 ,, ..	2	4	—	3	—	2
,, 8 ,, ...	2	5	—	2	—	3
,, 9 ,, ...	1	8	1	1	2	1
,, 10 ,, ...	1	8	2	1	—	2
,, 11 ,, ...	1	9	—	—	1	1
,, 12 ,, ...	1	2	—	—	—	1
,, 13 ,, ...	—	3	—	2	—	1
,, 14 ,, ...	—	1	—	2	—	2
Over 14	—	—	—	—	—	—
Total	11	52	4	12	3	14

TOTAL IN 1966 : 79 = 0.64% of school children.

SCHOOL CLINICS

The Eastern Clinic is open every school morning as a genuine minor ailment clinic; a doctor attends on Thursday mornings. The Central Clinic is open on Mondays and Thursdays throughout the year, mainly as a consultation clinic (with a doctor in attendance). Various special cases (including enuretic children) attend, generally by appointment.

The location of the school clinics and the attendances were as follows:—

	Minor Ailments—Attendances 1964	1965	1966
Central Clinic, 1a Southernhay West	452	387	287
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	2,414	2,406	2,160
Totals	2,866	2,793	2,447

TABLE SHOWING THE INCIDENCE OF MINOR AILMENTS TREATED DURING 1966 IN CLINICS

DEFECT	*Central Clinic	Eastern Clinic	GRAND TOTAL 1966	GRAND TOTAL 1965
Scabies	—	—	—	2
Ringworm : Scalp	—	—	—	—
Body	—	—	—	3
Eye Defects (not visual)	8	80	88	77
Ear Defects—(including wax, otorrhoea, etc.)	12	45	57	92
Nose and Throat Defects	1	41	42	42
Impetigo	3	3	6	29
Warts : Plantar	32	39	71	54
Other	16	26	42	38
Other skin conditions	13	90	103	78
Minor Injuries	10	154	164	170
Miscellaneous	2	217	219	244
Total No. of individual children	97	695	792	829
Total No. of attendances	287	2,160	2,447	2,793
Total No. of sessions	253	206	456	456

* At this clinic many cases are seen as consultation cases, not included here.

When a child has been treated at the one time for more than one defect or disorder the more important has been listed.

In addition, school children are seen by the doctor at the Countess Wear Welfare Clinic after school hours on Mondays, as and when necessary. During the year, 43 children made 56 attendances at the clinic. Though it is said the incidence of scabies is increasing, there is no evidence of it yet here.

TABLE SHEWING THE NUMBER OF HANDICAPPED PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT 19th JANUARY 1967

Disability	Total No. of children classified as handicapped as at 19-1-67	Special School or Home	Resd.		Non Resd.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
Blind	3	Royal Normal School for the Blind, Shrewsbury	1	—	—	—	2	1
		Worcester College for the Blind, Worcester	1	—	—	—		
Partially Sighted	4	West of England School for the Partially Sighted, Exeter	—	—	3	1	4	—
Partially Hearing	77	Mary Hare Gram. School, Berks.	—	1	—	—	26	—
		Summerfield Hse. Sch., Malvern	1	—	—	—		
		Royal West of England School for the Deaf, Exeter	—	2	11	11		
Physically Handicapped	28	Dame Hannah Rogers Sch. for Spastics, Ivybridge	3	—	—	—	7	—
		Bruce Porter Hse. School, Taunton, Somerset	—	1	—	—		
		Heathercombe Brake School, Manaton	1	—	—	—		
		Ingfield Manor School, Sussex	2	—	—	—		
Epileptic	58		—	—	—	—	—	—
Educationally Subnormal	71	St. Christopher's School, Bristol	—	1	—	—	31	32*
		Withycombe Hse. Special Sch., Exmouth, Devon	—	12	—	—		
		Kingsdon Manor School, Nr. Bristol	1	—	—	—		
		Pitt House, Chudleigh	5	—	—	—		
		Pitt House, Torquay	8	—	—	—		
		Clyffe Hse., Dorchester	1	—	—	—		
		Maristow Hse., Plymouth	—	1	—	—		
		Bradfield Sch., Cullompton	1	—	—	—		
		Meadows Hse. Sch., Kent	1	—	—	—		
Delicate	29	Heathlands Rise, Teignmouth	—	2	—	—	10	—
		Heathercombe Brake Sch., Manaton, Devon	8	—	—	—		
Maladjusted	67	Pitt Hse. Sch., Torquay	1	—	—	—	11	1
		Stella Maris Convent School, Bideford	—	1	—	—		
		Grenville College, Bideford	1	—	—	—		
		Knowles Hill Sch., Newton Abbot	—	1	—	—		
		Royal Alexandra and Albert School, Surrey	—	1	—	—		
		The Gables Hostel, Willand, Devon	1	2	—	—		
		Childscourt, Somerset	—	1	—	—		
		Sandford Orleigh School, Newton Abbot	—	1	—	—		
		Farnley Close, Sussex	—	1	—	—		
Defective Speech	228		—	—	—	—	—	—
TOTAL	565		37	28	14	12	91	34

*31 of these children recommended admission to a Day Special School.

HANDICAPPED PUPILS

Grouping by intelligence quotients of the 71 children classified as educationally sub-normal as at 19.1.67

	Boys					Girls				
I.Q.	Under 50	51-60	61-70	71-80	Total	Under 50	51-60	61-70	71-80	Total
Attend Residential Special Schools	—	1	10	6	17	1	5	3	5	14
Recommended Day Special Schools but Attend Ordinary Schools	—	2	9	4	15	2	3	7	4	16
Attend Ordinary Schools	—	—	2	3	5	—	—	3	—	3
Awaiting admission to Residential School	—	—	—	1	1	—	—	—	—	—
Total	—	3	21	14	38	3	8	13	9	33

EDUCATIONALLY SUB-NORMAL PUPILS

During the year 26 children (14 boys, 12 girls) were examined by the school medical officers in regard to educational subnormality and mental development. The following recommendations were made :

Recommendation	Boys			Girls			Total	Remarks
	Infs.	Jnr.	Snr.	Infs.	Jnr.	Snr.		
Section 34 : Special education in an ordinary school.	—	—	—	—	—	—	—	
Day special school	—	2	—	—	1	—	3	
Education in a special residential school.	—	2	—	—	1	—	3	1 awaiting placement in residential special schools.
Section 57 (3) : Permanently excluded from school.	2	1	—	1	—	—	4	All attend the Health Committee's Junior Training Centre.
Section 57 (5) : Reported to Health Services Committee for Care and Guidance on Leaving School.	—	—	2	—	—	1	3	
Not considered to require Care and Guidance on leaving school.	—	—	5	—	—	8	13	
	2	5	7	1	2	9	26	
	14			12				

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION — MINISTRY OF EDUCATION CIRCULAR 249

138 students (62 men and 76 women) and 9 teachers (6 men and 1 woman) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession. All reports were satisfactory.

Further Education

Exeter Technical College students attending full-time courses on domestic science, nursing, hairdressing, institution management and building are medically examined by the school doctors as soon as possible after entry to the college. 76 were examined in 1966. All reports were satisfactory.

Tuition in Hospitals

The Local Education Authority continue to provide educational facilities in the two main general hospitals in the city. During the year 85 children received education whilst in-patients at these hospitals (including 29 from Exeter, 50 from Devon County and 6 from other areas). 2 Exeter and 8 Devon County children and one child from Somerset were receiving education in hospital on or about 19th January, 1967.

From the 1st April, 1966 the Education Authority provided, for the first time, education at the Children's Unit, Wonford Hospital, Exeter. This unit is for the seriously mentally disturbed children under the care of Dr. C. J. Wardle, Consultant in Child psychiatry. 9 Exeter, 16 Devon and 2 children from other authorities received education at this hospital during the year. 8 children (4 Exeter, 4 Devon) were receiving education on 19th January, 1967. Provision has been made for a classroom and a full-time teacher to be provided during 1967.

Additionally, there are hospital special schools in the Princess Elizabeth Orthopaedic Hospital and in the Angela Home staffed by the Devonian Orthopaedic Association (5 Exeter children attending as at 19.1.67) and also in Honeylands Children's Hospital staffed by this authority (7 Exeter children attending as at 19.1.67).

Home Tuition. Education Act 1944—Section 56

During the year, 10 new cases (rheumatism (4), psychosis (3), fractures (2), severe epilepsy (1) and 4 cases continuing from 1965, viz. : spastic (1), spina bifida (1), rheumatism (1), congenital heart lesion (1), received home tuition arranged by the education authority. 5 were still having home tuition at the year end. The others had resumed normal schooling.

PHYSICALLY HANDICAPPED CHILDREN

At the end of the year, there were 28 children classified as physically handicapped, 1 less than in 1965. We had 4 new cases in 1966 (3 boys ; 1 girl).

Handicap	Sex		Age Group				Education				Able to take P.T. and Games		
	Boys	Girls	Under School Age	Infs.	Jnrs.	Snrs.	Not at School	In Res. Special School	In Ordinary School	Home Tuition	Nil	Mod.	Full
1. Cerebral Palsy	6	—	—	—	2	4	—	4	2	—	4	2	—
2. Heart : Congenital	1	3	—	1	2	1	—	—	3	1	4	—	—
3. Poliomyelitis ..	3	1	—	1	—	3	—	—	4	—	3	1	—
4. Other Congenital Defects	9	5	—	1	3	10	—	5	8	1	9	3	2
5. Miscellaneous	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	19	9	—	3	7	18	—	9*	17	2	20	6	2
	28		28				28				28		

* Includes 2 boys attending hospital special schools.

Transport

Transport to and from school was provided during the year for 22 new cases, viz. : fractures (8), partial deafness (2), knee/ or spine/foot defects (9), poliomyelitis sequelae (2) ; in addition 15 children " carried over " from 1965 continued to have transport provided during 1966 : 16 children still had it at the year end.

EPILEPTIC SCHOOL CHILDREN

We have 58 children classified as suffering from epilepsy, 4 more than in the year before. 56 children (30 boys and 26 girls) attend ordinary schools in the city ; 1 girl is having home tuition and 1 epileptic girl attends a residential special school on account of maladjustment.

Eight new cases (5 boys and 3 girls) were reported during the year.

Epileptic School Children known to us

Sex	Total	AGE				EPILEPSY			Have had Hospital Investigation
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major	
Boys	30	3	9	18	—	13	16	1	30
Girls	28	3	13	11	1	11	14	3	28

All but one (girl) who has an I.Q. of 68, are regarded as of normal intelligence.

HEALTH VISITING OF HANDICAPPED PUPILS ATTENDING RESIDENTIAL SPECIAL SCHOOLS

In 1966 one health visitor (Miss G. M. Bastow) was made responsible for the home visiting of handicapped children (other than maladjusted) attending special schools.

Miss Bastow reports that the " special " health visiting of these children has got off to a rather slow start. This was partly due to the re-distribution in the latter half of the year, among the different school medical officers, of responsibility in respect to specific handicaps in children : previously one medical officer had been responsible for the follow up of all children attending special schools. Apart from this, however, there is a certain difficulty in establishing contact with these children and their families, especially as the majority are only at home during school holidays and can only be seen at these times.

The Exeter children who attend the Royal School for the Deaf are well cared for by the combined services of the school, the local health authority and the local education authority staffs, and they and their parents are, through the local branch of the Deaf Children's Society, in active contact with the audiology clinic staff.

Miss Bastow feels it would be valuable for her to be in contact with all severely physically handicapped children from the time of diagnosis, particularly where the probable ultimate need for special schooling and training is obvious from infancy.

I agree and this is now being arranged. She is already meeting some of these children by way of routine hearing assessment when they are about 8 or 9 months old, and in many cases repeated visits have to be made owing to their slow maturity and inability to respond to hearing tests.

If the references include only those children who are severely physically handicappped, it should, she thinks, be possible for her to become fully conversant with each child, the home, the treatment and the problems both immediate and likely to arise (medical, educational and social) and to act as an intermediary between the statutory and voluntary organisations likely to be helpful on a medico-social basis.

The two periods of greatest anxiety for the parents are, first, in the early years when the severity of the handicap and the inescapable problems of treatment and educational placement are posed, to their real distress ; and second, at the approach to school-leaving age when the problems of training for employment or perhaps future institutional care become pressing. The relationship between the health visitor, the child and the parents is unlikely to develop into anything more than casual officialdom unless the contact is made at a time when the parents are in need of support—i.e. when the child is at home and the parents have the full responsibility for his care. Under the present arrangement the " general " health visitor is able to offer this support to the parents ordinarily only for as long as the child remains at home and is under 5 years of age. No one should under-estimate the value of this contact, but the care of the severely handicapped child should involve continuing relationship between the one health visitor and the family, through the various vicissitudes of the child's life.

CHILD GUIDANCE REPORT FOR 1966

(Report by Dr. H. S. Gaussen, Medical Director)

In my report on the year 1965, I noted that the number of referrals was the largest for any year. 1966 continued the trend and the number referred was 149, again a record! About three new cases a week throughout the year is above the limit with which a team of psychiatrist, psychologist and psychiatric social worker can cope. (Underwood report). Fortunately there are prospects of an increase in staff in 1967, possibly in conjunction with Dr. Wardle's Unit for inpatient treatment at Wonford Hospital.

The statistical detail accompanying this report does not convey the complexity and diversity of what we call "Child Guidance". It would, indeed, be better termed "Family Guidance". Each case referred—from whatever source—is a problem in a family, with widespread repercussions. Even if all we know at the beginning is that a boy or girl is not making progress at school, we investigate his or her social background, educational history, physical and emotional development and present condition, before coming to a conclusion and making a recommendation. In one such case, it was found that the lack of progress stemmed from a time three years before when the home was broken up and the child separated from her parents. It was not appreciated how she took this, passively and without overt symptoms, but nevertheless, came to a stop in her ability to learn, substituting a world of day-dreams for the unbearable outer reality. Treatment involved helping the parent with whom the child was living to see what had happened, putting the child in touch with the other parent so that the split was bridged to a certain extent, discussing measures to be taken by the school to take up learning where it had stopped, and helping the child to understand that she was not a dunce or a failure but someone with a future before her.

Admitted, not all cases referred to us see all three members of the team, but the great majority need full investigation and the opportunity to put their problems as a whole. A difficult child can lead to a marriage breakdown ; really severe symptoms in one member of a family can undermine the mother's health and cause reactions in all other children. Furthermore, one referral seems to lead to others. Families in the city are extremely interrelated and the problem ones proliferate.

Finally, a clinic such as this acts as a link in many social chains. Just as a referral means that a family is in difficulty, though it shows more in one child than another, so also a referral often means that a social agency is seeking our help. It may be the probation service which wants our views, or the family doctor who consults us, a teacher is puzzled, or a school medical officer sees a child with a mixture of physical and psychological handicaps. A referral to us means information, assessment and results have to be sent back from us. We are all parts of one another.

CHILD GUIDANCE CLINIC
STATISTICAL RETURN FOR 1966

TABLE A

1.	Number of cases on the books on 31st December, 1965			103
2.	Number of cases awaiting investigation on 31st December, 1965			6
3.	Number of cases investigated but awaiting treatment on 31st December, 1965			17
4.	Number of new cases referred during 1966			149
	Source of Reference :			
	(a) Juvenile Court		Nil	
	(b) Probation Officers		2	
	(c) School Medical Officers		33	
	(d) Hospitals		19	
	(e) Other Doctors		34	
	(f) Head Teachers		21	
	(g) Parents		26	
	(h) Others		14	
5.	Number of old cases re-opened during 1966			11
6.	Number of cases investigated during 1966			140
7.	Number of cases treated for the first time during 1966			90
8.	Total number of individual children seen during 1966			263
9.	Total number of attendances during 1966			1,040
10.	Total number of cases discharged during 1966			170
	Reason for Discharge :			
	(a) Treatment completed (see below)		99	
	Symptom free	20		
	Much Improved	48		
	Satisfactory	6		
	Improved	21		
	No change	4		
	(b) Diagnosis with advice only		46	
	(c) Unsuitable for treatment		7	
	(d) Defaulted		3	
	(e) Left city		4	
	(f) Other reasons		11	
11.	Number of cases remaining on the books on 31/12/66			93
12.	Number of cases awaiting investigation on 31/12/66			4
13.	Number of cases investigated but awaiting treatment on 31/12/66			7

N.B.—11 cases included in 10 above were closed whilst awaiting or before investigation was completed.

MALADJUSTED CHILDREN

(Note by Dr. G. P. McLauchlan)

There are 11 children either in a hostel or attending special boarding schools because of behaviour difficulties. It is interesting to note that 7 of these children are from broken homes, in 6 cases because the parents are divorced or separated and in the other because the father has died. Two of the remaining children are adopted, both being children of superior intelligence—relationships have been poor.

The intelligence of these children has varied ; one is of low average intelligence (I.Q. 90), 4 of average intelligence, 2 of above average intelligence (I.Q. over 110) and 3 of superior intelligence (I.Q. over 120). It has been found in all cases that their school work had been seriously affected before going to a special school.

SPEECH THERAPY

(Observations by Miss I. W. Hastings, L.C.S.T.)

As 1966 closes we have a very busy year to look back upon. Mrs. Maureen Rees, L.C.S.T., who held a weekly speech clinic session at Alphington, joined the staff for this purpose when the Alphington clinic was incorporated in the city last April.

Pinhoe (added area) is now served by Whipton Clinic, and Topsham (added area) by a clinic at Topsham Junior Mixed School.

We shall be very sorry to lose Mrs. Irene Cope early in 1967. We expect to replace Mrs. Cope, who has been working part-time, by a full-time speech therapist in order to deal satisfactorily with the need at the new Southbrook School for educationally sub-normal children and the Ellen Tinkham House for mentally subnormal children. Unfortunately, establishment never keeps pace with demand and need, and there is always a waiting list.

Southbrook Day Special School will open in the Spring of 1967 and there is always a high percentage of children with speech defects amongst those who cannot learn easily or quickly. They have to be taught to listen and to concentrate before they can even learn to speak properly. A number of the children being selected for Southbrook Special School are already receiving treatment at the speech clinics throughout the city.

Mrs. Cope reports that there is a big case load at Ellen Tinkham House (the Health Committee's Junior Training Centre), and that there is now a waiting list there. Mrs. Rees will, as a temporary arrangement, conduct the clinic there when Mrs. Cope has left and take over her clinic at Bradley Rowe Infants' School also.

The expansion of the service at Chestnut Avenue Nursery School (now two sessions weekly) has led to the even greater overloading at the clinics held at Bradley Rowe Infants' School. There are also heavy case loads at the Bradley Rowe Junior Girls', and particularly at the Bradley Rowe Junior Boys' School. The policy in this area is to treat as many as possible as often as possible.

Whilst it is gratifying that the speech therapy service is expanding, there is also the frustration of knowing that there are still many waiting for treatment.

Mrs. Mary Peel, who holds a part-time appointment, runs the clinics which serve the Western part of the city and has sent the following interesting report on the work at the Buddle Lane Clinic as well as that at the Chestnut Avenue Nursery School; her findings are very much the same as those in the other clinics in the city.

This year 3 sessions per week were held at Buddle Lane Clinic. Additionally one session per week, started to help the children from a nearby school, was tried out at the Dental Clinic, Tin Lane, but was later discontinued.

The children have attended well and the parents have worked with the therapist, thus making progress faster. Scrap books have been used. This has enabled the parents to help at home, and also, to help children with slight defects so that weekly visits to the clinic have not been necessary.

There are still parents who refuse to allow their children to attend, mainly because they do not think their children speak with a defect. A dyslalic " r " can be attractive in a three year old; it is not so attractive in a 12 year old!

Cases have, for the most part, been referred from the schools. This has saved a lot of waiting time, and this enabled cases referred by the medical officers to be seen at once. Children are treated at an earlier age before their defect has become too integral a part of their general make up. Parents bring the child to the clinic when younger, and can follow treatment given, more closely, and discuss problems arising from treatment.

The majority of cases attending the clinic have been dyslalic.

One child attending has been reported by his mother as suffering from dysphonia (impairment of voice) in the evenings. He has shown no sign of this at the clinic. He is a very tense little boy and it may be psychological. He shows good progress at the clinic and takes an intelligent interest in his treatment.

The use of the tape recorder has been somewhat restricted this year; however, it is of great help to the children to hear their own defects and improvements, and the infants have a lot of fun hearing their noisy recordings played back. It also has a good psychological effect.

The number of sessions at the Nursery School was increased from one to two per week during the year, owing to the number of children needing treatment. There were 15 new cases in the winter term. The children have responded enthusiastically to treatment and parents have been most co-operative helping the children at home by means of scrap books.

The majority of cases have been dyslalic. The staff have been very helpful and encouraging. Only one parent has refused to allow her child to have treatment on the grounds that she found nothing wrong with him. The child in question was sigmatic (difficulty in pronouncing the sibilant " s ") and had a slight delay in speech owing to over-crowded home conditions.

Children attending the Nursery School, who had been receiving treatment prior to attending school, have shown the benefit of this when they have transferred to the nearby infants school. One child attending the clinic for treatment has now been admitted to the Royal School for the Deaf, where she is reported to be making progress. She only had 4 direct speech therapy treatments but was starting to respond.

Two sets of twins have started treatment this term. In both cases the younger twin has shown a speech dependence on the older child. They are now however correcting this and becoming more fluent and coherent.

Three cases this term are from families with previous speech defect case histories. They would appear to have imitative dyslalia. There are two more on the waiting list.

One little boy gives the impression of being aphasic. A complete diagnosis is not yet possible and he is to be seen by the educational psychologist. On occasions he appears to be able to carry on a normal conversation for his age.

STATISTICS

Analysis of the cases treated during the year

DEFECT	Having treatment 1.1.66	Admitted during 1966	Total No. Treated	DISCHARGED		STILL ON LIST				Remaining 31-12-66
				Cured	Other	Under observation	Regular Attendance	Improved	No change	
Stammering	33	20	53	7	1	11	34	44	1	45
Simple Dyslalia	11	5	16	10	—	2	4	4	2	6
Multiple Dyslalia....	66	45	111	25	3	14	69	79	4	83
General Dyslalia	23	10	33	12	1	7	13	19	1	20
Language Defects	4	3	7	1	1	1	4	5	—	5
Dysarthria	19	30	49	16	2	8	23	27	4	31
Cleft Palate ...	7	1	8	2	1	—	5	5	—	5
Hyper-rhinophonia	—	—	—	—	—	—	—	—	—	—
Alalia	6	1	7	—	—	3	4	7	—	7
Sigmatism	20	14	34	9	2	5	18	22	1	23
Dysphasia	1	2	3	—	—	1	2	2	1	3
TOTALS	190	131	321	82	11	52	176	214	14	228

In Dyslalia the child cannot produce the correct sound and therefore substitutes one sound for another; in Dysarthria there is difficulty in articulation ; in Hyper-rhinophonia the speech is excessively nasal; Alalia is the complete lack of intelligible speech ; Sigmatism is lisping ; Dysphasia is complete lack of speech and language development.

DEFECT	Remaining on 31.12.66	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		JUNIOR TRAINING CENTRE	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	45	2	—	7	2	17	3	13	1	—	—
Simple Dyslalia ...	6	1	2	—	—	2	—	—	1	—	—
Multiple Dyslalia ...	83	5	2	30	9	24	6	—	1	3	3
General Dyslalia ...	20	—	1	5	4	6	2	—	1	—	1
Language Defects	5	2	—	1	—	1	—	—	—	1	—
Dysarthria ...	31	9	4	9	1	5	1	1	—	1	—
Cleft Palate	5	—	—	2	—	2	—	—	1	—	—
Hyper-rhinophonia	—	—	—	—	—	—	—	—	—	—	—
Alalia	7	2	1	1	1	—	—	—	—	—	2
Sigmatism	23	—	—	7	2	6	5	2	1	—	—
Dysphasia	3	2	—	1	—	—	—	—	—	—	—
TOTALS	228	23	10	63	19	63	17	16	6	5	6

TUBERCULOSIS

(Report by Dr. R. P. Boyd)

Chest Physician

Register

The number of school children on the tuberculosis register shows an increase of one non-respiratory and a decrease of 2 respiratory cases. The addition of parts of Topsham, Alphington and Pinhoe to the city in April, 1966 did not involve any change in our register ; there were no known tuberculosis children in these areas.

New Notifications

There was one new notification, a boy (aged 15) non-respiratory (neck gland).

Deaths

There were no deaths of school children from tuberculosis during the year.

Contact Tracing

The new notification was not received until late in 1966 and contact tracing is being carried out early in January, 1967.

Tuberculin Testing Survey

As a result of routine Heaf testing in schools, 11 children were found to be strongly positive and referred to the Chest Clinic for follow up procedure. All were Exeter residents, 2 were noted for routine recall in 12 months' time and the remaining 9 were discharged not to be seen again. None of the children was suffering from respiratory tuberculosis.

TUBERCULOSIS

School Children (5-15 years of age) suffering from Tuberculosis whether in Maintained or Independent Schools.

On Register as at 1st January, 1966.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	7	9	—	—	1	—	—	—	—	—	8	9
Attending special schools	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	2	—	1	—	1	1	—	—	—	1	4
TOTALS	7	12	—	1	1	1	1	—	—	—	9	14

Changes during 1966.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1966	—	—	—	—	1	—	—	—	—	—	1	—
Inward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Notified children reaching school age during the year	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	—	—	—	—	1	—	—	—	—	—	1	—
Cases leaving school during the year	—	1	—	—	—	—	—	—	—	—	—	1
Outward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Cases removed from register	—	1	—	—	—	—	—	—	—	—	—	1
TOTALS	—	2	—	—	—	—	—	—	—	—	—	2

On Register at 31st December, 1966.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	7	7	—	—	1	—	—	—	—	—	8	7
Attending special schools	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	2	—	1	1	1	1	—	—	—	2	4
TOTALS	7	10	—	1	2	1	1	—	—	—	10	12

1966 B.C.G. VACCINATION

MINISTRY OF HEALTH CIRCULARS 22/53, 7/59, 6/61 and 19/64

Parental consent for the test was received for 1,040 (88.4%) of the 1,177 thirteen-year-old children in maintained and independent schools in the city—an excellent response. The figures for 1966 are slightly lower, as testing in Hele's School was postponed until the beginning of the following year. 1,021 (98.2%) were given a tuberculin test and 19 were absent on three occasions when the tests were given. Of the 1,021 tested, 94 (9.2%) were tuberculin positive; of the 927 who were negative, 921 were given B.C.G. vaccination, using freeze-dried vaccine. 6 children did not attend for B.C.G. vaccination although offered two or three appointments.

11 strongly tuberculin-positive children were chest x-rayed by the mass miniature radiography unit and all were found to be satisfactory.

It was noted that the skin reactions to B.C.G. vaccination since freeze dried vaccine had been used, seemed much less marked than when fresh vaccine had been used. It was decided to check the tuberculin reaction 1 year after the B.C.G. vaccination, in three schools. It is known that the extent of the reaction to vaccination is not necessarily an index of the degree of conversion to a tuberculin positive state. It is disappointing to find 23% of those vaccinated in 1965 in these schools were tuberculin negative a year later. We shall repeat this check on at least a sample of those vaccinated in 1966.

The following tables set out the details of the tests etc. :

CHILDREN GIVEN B.C.G. VACCINATION 1965 AND TUBERCULIN TESTED 1966

School	No. given B.C.G. 1965	No. Accepted Test at School 1966	No. given Heaf Test 1966	No. Positive	No. Negative
Priory Girls' S.M.	79	69	68	56	12
John Stocker Boys' S.M.	75	72	67	42	25
Vincent Thompson Boys' S.M.	67	59	58	50	8
Total	221	200	193	148	45 (23%)

POLIOMYELITIS VACCINATION 1966

Vaccination against poliomyelitis with oral vaccine was continued and during the year, 142 children of school age (i.e. born before 1961 and under 16 years of age—as recorded in the return to the Ministry of Health) completed a primary course of three doses of poliomyelitis vaccine ; these are not necessarily all attending local authority schools.

Fourth (booster) doses were given to 1,169 children between the ages of 5 and 12 years in the city.

T.A.B. VACCINATION (AGAINST TYPHOID AND PARATYPHOID FEVERS)

It has for some years been recognised that a considerable proportion of cases of typhoid and paratyphoid in this country has occurred in holidaymakers recently returned from abroad.

As in previous years, T.A.B. immunisation was offered, subject to parental consent, to parties of school children attending the council's maintained schools, who were going abroad in school organised parties.

In the six schools concerned, 144 children were given protection.

TABLE A.

SUMMARY OF SURVEY OF CHILDREN BORN BETWEEN 1.9.52 AND 31.8.53 ATTENDING EXETER SCHOOLS, 1966.

(and comparison with previous years 1959—1965).

Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin.

Schools		No. of Consent Forms sent out	No. Accepted all the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Immediate Result of B.C.G. Vaccination			Ulcers	M.M.R. X-Ray.* Tuber. Pos. Cases only		
							Pos.	Neg.	Inoc.	Absent	Satis.	Not satis.	Absent	10 mms. Over	Satis.	Not satis.	Absent
L.E.A.	Girls	487	425	—	7	418	45	373	372	1	362	—	10	—	3	—	—
	Boys	400	358	—	8	350	39	311	309	2	303	—	6	2	7	—	—
Total L.E.A. School Children		887	783 (88.3%)	—	15	768 (98.1%)	84 (10.9%)	684 (89.1%)	681	3	665	—	16	2	10	—	—
Independent	Girls	188	170	—	3	167	5	162	159	3	159	—	—	—	—	—	—
	Boys	102	87	—	1	86	5	81	81	—	81	—	—	—	1	—	—
Total Independent School Children		290	257 (88.6%)	—	4	253 (98.4%)	10 (3.95%)	243 (96.05%)	240	3	240	—	—	—	1	—	—
Grand Total, 1966		1,177	1,040 (88.4%)	—	19	1,021 (98.2%)	94 (9.2%)	927 (90.8%)	921	6	905	—	16	2	11	—	—
Grand Total, 1965		1,318	1,113† (84.4%)	—	37	1,076 (96.7%)	135 (12.5%)	941 (87.5%)	923‡ (3 consent for test only)	7	900	—	23	5	27	—	—
Grand Total, 1964		1,517	1,263 (83.3%)	—	39	1,224 (96.9%)	156 (12.7%)	1,068 (87.3%)	1,053	13	1,027	—	26	3	28	—	—
Grand Total, 1963		1,280	1,063 (83%)	2	20	1,042 (98%)	116 (11.1%)	926 (88.9%)	920	1	913	1	6	15	39	—	—
Grand Total, 1962		1,464	1,257 (85.8%)	7	47	1,203 (95%)	159 (13.2%)	1,044 (86.8%)	1,030	16	989	3	38	3	63	—	7
Grand Total, 1961		1,174	1,015 (86%)	8	33	974 (96%)	90 (9%)	884 (91%)	882	2	856	2	21	3	86	—	4
Grand Total, 1960		1,669	1,428 (85.5%)	34	36	1,358 (95%)	149 (11%)	1,209 (89%)	1,199	10	1,176	1	22	3	140	—	3
Grand Total, 1959		1,092	875 (80%)	26	26	823 (94%)	64 (7.8%)	759 (92.2%)	751	8	734	—	17	10	57	—	7

* From Autumn Term 1962 only the strongly tuberculin positive cases have been x-rayed.

† Including seven who accepted the tests and were previously positive.

‡ Negative tuberculin test in 1965. Of the 8 cases involved it was known that 6 children had previously had B.C.G. vaccination or a positive skin test; the other 2 children were stated by their parents to have previously had a positive skin test. None were, therefore, given B.C.G. vaccination.

DIPHTHERIA (Booster) AND TETANUS IMMUNISATION IN SCHOOLS

Offers were made of immunisation, to all 10-year-olds in school as under :

Children who in infancy :	*Offered.*
1. Had had Diphtheria/Tetanus immunisation.	Booster dose Diphtheria/Tetanus prophylactic
2. Had had Diphtheria immunisation only.	Booster dose Diphtheria prophylactic with full course Tetanus prophylactic
3. Had not had either Diphtheria or Tetanus immunisation.	Full course Diphtheria/Tetanus prophylactic

In all 1,313 doses of tetanus prophylactic and 684 doses of diphtheria prophylactic were given to 1,145 children in school aged 10 years whose parents took advantage of the offer. This figure includes 354 children who commenced a primary course of tetanus protection in 1965 and completed it in 1966.

SMALLPOX VACCINATION
VACCINATION STATE AS NOTED DURING SCHOOL ENTRANTS' MEDICAL EXAMINATIONS IN 1966.

Year of Birth	Vaccinated	Not Vaccinated	Not Known	TOTAL
1962 and later	26	21	5	52
1961	371	80	43	494
1960	398	82	96	576
GRAND TOTAL	795	183	144	1,122

Vaccination is recorded by the school nurses from information given to them by the parents. 70% of the school entrants examined by complete periodic medical examinations during the year were *stated* to have been vaccinated.

INFECTIOUS DISEASES

Incidence of certain infectious diseases other than tuberculosis in 1966 in children (Exeter residents) 5-15 years of age.

(Corrected for change of diagnosis)

Disease	Boys	Girls
Scarlet Fever....	37	35
Whooping Cough	16	18
Measles	163	144
Pneumonia	—	—
Dysentery	9	14
Food Poisoning	5	4
Poliomyelitis (Paralytic)	—	—
(Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—
Erysipelas	—	—
*Gastro-Enteritis	6	3

* Not notifiable : cases are known to the department by informal notification.

Scabies

Only 2 children from 2 families were reported during the year.

HOSPITAL REPORTS

During the year 1,269 reports were received from local hospital consultants (1,086 from the Royal Devon and Exeter Hospital, 183 from the Princess Elizabeth Orthopaedic Hospital) about children referred to them through the school medical officers or direct by the child's own doctor ; these reports are much appreciated.

DEATHS

I am sorry to have to report the death by drowning of a boy aged 15 when a sailing dinghy capsized at sea at a nearby seaside resort.

SCHOOL MEALS AND MILK REPORT, 1967

I am indebted to the Director of Education and the School Meals Organiser for this information.

Due to the City boundary extensions on April 1st, three kitchens at Alphington, Pinhoe and Topsham respectively, were brought into the service, making a total of 19 school kitchens within the city. The number of children taking meals increased by approximately 5% during the year.

The statistical return required by the Department of Education and Science, shown below, indicates the number of children taking milk and meals on selected dates during the last three years.

	MILK		MEALS		
DATE	Number of Children taking Milk	Percentage	Number of children taking Paid Meals	Number of children taking Free Meals	Percentage
22.9.66	9,572	82.1	6,315	650	59.8
23.9.65	9,034	85.69	5,265	605	55.61
17.9.64	9,157	86.5	4,858	514	50.75

During the major holidays, meals were provided for necessitous children at three centres. The attendance was as follows :—

HOLIDAY	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	846	261	30.85
Summer	808	224	27.72
Christmas	876	269	30.71

The charge for the meals remained at 1s. 0d. Free meals were granted according to parental income.

Self-contained canteens operated at 16 schools. The organisation was as follows :—

Kitchen	Meals daily Capacity	Approx. No. of meals	Schools served
Montgomery School	1,000	1,084	Cowick Street I. St. Thomas J.M. & I. Montgomery J.G. & I. Exwick J.M. & I. John Stocker J.B. John Stocker Boys' S.M. Buddle Lane Nursery
Bradley Rowe School	750	740	St. Nicholas J.M. & I. St. David's J.M. & I. Bradley Rowe I., J.B., and J.G.

Kitchen	Meals daily Capacity	Approx. No. of meals	Schools served
Ladysmith School	350	569	Ladysmith I., J.B., and Boys' S.M.
Whipton Infants' School	350	438	Whipton I. Whipton Barton J.M.
Hele's School (two kitchens) ..	700	564	Hele's
Bishop Blackall School	375	369	Bishop Blackall
Chestnut Avenue Nursery School	48	30	Chestnut Avenue Nursery
Summerway J.M. & I. School . ..	375	579	Heavitree J.M. & I. Summerway J.M. & I. Newtown J.M. & I. St. Sidwell's J.M. & I.
The Priory School	375	335	The Priory Girls' S.M. Exeter Technical College
The Vincent Thompson School....	375	379	The Vincent Thompson Boys' S.M. Episcopal S.M. Mixed
Stoke Hill J.M. School	200	233	Stoke Hill J.M. & I.
Countess Wear J.M. School	375	286	Countess Wear J.M. & I.
Beacon Heath J.M. & I. School	250	359	Beacon Heath J.M. & I.
St. James Girls' S.M. School	250	228	St. James Girls' S.M.
St. Thomas Girls' S.M. School	200	245	St. Thomas Girls' S.M.
Alphington J.M. & I. School . ..	150	128	Alphington J.M. & I.
Pinhoe I. School	250	258	Pinhoe J.M. & I.
Topsham	750	281	Topsham J.M. & I. Central J.M. & I.

On April 1st a revised nutritional standard, laid down by the Department of Education and Science became operable. The average nutritive value of a school dinner should be 880 calories, 32 grams of fat and 29 grams of total protein, 18.5 grams of which should be animal protein. (Previously it was 650-1,000 calories, 25-30 grams of fat and 20 grams of animal protein).

To give variety, the Department recommended that fresh meat should be served three times weekly, instead of four ; resulting in a typical month's menu, thus :

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st Week	Roast Lamb, Mint Sauce, Carrots, Baked Potatoes Jam Roly Poly, White Sauce	Cheese Flan, Parsley Sauce, Grilled Tomatoes Carrots, Mashed Potatoes Chocolate Chip Pudding, Chocolate Sauce	Beefsteak Pudding, Mashed Swede, Cabbage Boiled Potatoes Fruit Cassatta, Norfolk Shortbread	Fish and Bacon Rolls, Tomato Sauce, Saute Potatoes Semolina Tart	Haricot Mutton, Mixed Root Vegetables, Baked Potatoes Rhubarb and Banana Flan, Mock Cream
2nd Week	Scotch Eggs, Carrots, Tomato Sauce, Mashed Potatoes Ginger Pudding, Syrup Sauce	Roast Beef, Yorkshire Pudding, Cauliflower, Baked Potatoes Apple Snow	Boiled Ham, Parsley Sauce, Carrots, Mashed Potatoes Whipped Custard Tart	Beef and Lentil Stew, Cabbage, Boiled Potatoes Fresh Lemon Pudding, White Sauce	Cold Brisket, Salad. Bakewell Tart, Custard
3rd Week	Irish Stew, Greens, Carrots Butterscotch Lattice	Egg and Bacon Flan, Brown Sauce, Carrots, Mashed Potatoes Coffee Krispie Pudding	Roast Stuffed Pork, Apple Sauce, Cabbage, Baked Potatoes Delaware Pudding, White Sauce	Beefsteak Pie, Baked Parsnips, Baked Potatoes Fruit Salad, Ice Cream	Yorkshire Haddock, Peas, Tomatoes, Mashed Potatoes Lemon Crunch Pudding, Marshmallow Cream
4th Week	Fried Liver and Onions, Carrots, Boiled Potatoes Orange Custard Tart	Hot Pot, Cabbage College Pudding, White Sauce	Cheese Croquettes, Tomato Sauce, Carrots, Mashed Potatoes Lemon Meringue Pie	Roast Beef, Yorkshire Pudding, Cabbage, Baked Potatoes Syrup Capped Pudding, Custard	Savoury Minced Pork, Peas, Mashed Potatoes Chocolate Crunch, Prunes and Custard

HEALTH EDUCATION

(Health Education Officer, Miss E. H. Robertson,
S.R.N., S.C.M., R.N.T.)

Courses

Parentcraft and Health Education

Courses of eight sessions have been held in all secondary modern girls' schools for pupils in their last year at school. These included a special question time session in which pupils were able to pose problems which were discussed impersonally and therefore without embarrassment.

Health Education

Courses were held each term in the same schools for girls in their first year.

Both courses included the use of colour films, transparencies, flannelgraphs and group discussions. The H.E.O. has received a cordial reception and enjoyed the co-operation of both staff and pupils.

Exeter Technical College

Miss Robertson was invited to give a lecture demonstration on aspects of personal hygiene ; considerable interest was aroused, due no doubt to the use of a new colour transparency series produced by Vick International.

Venereal Disease

Miss Robertson is sometimes asked for information on the subject during parentcraft classes; she was also invited to watch a schools television broadcast programme at St. Thomas Girls' Secondary Modern School, where she joined in a general discussion in which she answered questions which arose, followed by a further discussion with a smaller group.

Smoking and Health

This features in both health education courses in secondary modern schools. The B.B.C. schools broadcast film " Smoking and You " was shown in the majority of secondary modern and grammar schools in September, followed by discussions led either by Miss Robertson or school biology teachers. Posters on the subject have been circulated to all local schools twice during the year. I held a meeting in December with the head teachers of the junior and secondary schools, including independent schools, to discuss smoking of school children and efforts to discourage it. Opinions were very divided about the methods likely to achieve our purpose, and there was certainly no useful consensus of opinion in the matter.

Publicity

Posters, pamphlets, flannelgraphs and other teaching aids have been sent to all council and independent schools related to the monthly health education theme, the broad programme having been settled at the beginning of the year. Subjects dealt with included :—personal hygiene, dental health, nutrition, spread of respiratory infection, food poisoning, home and water safety, and firework hazards.

Films—Flannelgraphs

A small " library " of films and flannelgraphs is being established ; details have been made known to all schools, and in some instances these are being included in the teaching programmes.

SCHOOL ACCIDENTS

147 accidents to children in school (86 boys, 61 girls) were reported this year (last year—126). This represents approximately 12 accidents per 1,000 children attending the city schools. The figures this year include 3 accidents (2 junior, 1 infant) from the 5 schools (750 children) taken over by the Exeter Education Committee when the city was extended in April, 1966.

Secondary Schools

There were 86 accidents (51 boys, 35 girls) reported by secondary schools representing 20 accidents per 1,000 children.

Place of accident (last year's numbers in brackets)		
In Classroom	10	(9)
In passage to and from class	14	(9)
During physical exercises	23	(26)
During organised games	14	(14)
At swimming baths	0	(1)
In playground during free play	25	(15)
The organised games involved were :		
Athletics	5	(6)
Netball	0	(5)
Rounders	1	(1)
Football	1	(2)
Rugby	4	(0)
Cricket	2	(0)
Hockey	1	(0)
During physical exercises the accidents occurred :		
While using apparatus (Trampette 6, trampoline 3, parallel bars 1, box or buck 5, wall bars 1, trapeze 2, ropes 1.)	19	(22)
During free exercise	3	(4)
In changing rooms	1	(0)
The lessons during which accidents occurred :		
Metalwork	0	
Woodwork	3	
Music	1	
Science	5	
Gardening	1	

Junior Schools

There were 51 accidents (26 boys, 25 girls) reported by junior schools representing 12 per 1,000 children.

Place of accident

In classroom	7	(6)
During organised games	0	(2)
During physical exercises	5	(11)
In playground during free play	38	(21)
At swimming baths	1	(0)

During Physical exercises the accidents occurred :

While using apparatus (Trampoline, wall bars, bench, shinty 1 each.)	4
While doing free exercises	1

Infant Schools

There were 10 accidents (9 boys, 1 girl) reported by infant schools representing 3 per 1,000 children.

Place of accident

In classroom or in school premises	3	(3)
In playground during free play	7	(8)
During physical exercise	0	(3)

All Schools

Injuries sustained

Fractures	42	(41)
Dislocations	2	(1)
Sprains	15	(23)
Wounds	58	(44)
Bruising	17	(5)
Concussion	8	(5)
Eye injury	1	(3)
Scald or burn	3	(0)
Others	1	(4)

Mechanism of Accidents

Collision with other child	15	(9)
Collision with object or structure	18	(4)
Fall from height	41	(39)
Fall on level	43	(51)
Crushes	6	(5)
Hit by object	21	(6)
Others	7	(12)

Accidents according to school terms :

Autumn Term	54	(47)
Spring Term	51	(44)
Summer Term	42	(35)

Observations by Dr. G. P. McLauchlan on School Accidents (1965 and 1966)

It is sometimes said that all accidents are preventable and this may in the strictest sense be true, but if children are to be allowed the freedom to develop normally, they cannot be sheltered from all risk, and accidents will probably continue to happen. This, however, does not absolve us from the responsibility of taking all reasonable precautions to prevent accidents.

1. Education should encourage in children an awareness and respect of the rights of others, and this right includes that of not being put in a situation where there is a risk of injury. This applies not only to accidents in school but to road and home accidents also.

2. When a school is being designed, not only appearance and utility should be taken into account, but also the elimination of any elements in the design that creates risk of accidents.

3. The safety of the children must be taken into consideration when formulating school rules and every effort made to impose them.

4. As far as is possible, a child should not be required to undertake a task whether it be in work, physical exercise or games until he has had sufficient opportunity to develop the necessary skill.

During the past two years (1965 and 1966) 263 accidents were reported by schools. They show no definite pattern, and in the majority of cases were probably not preventable.

1. Hazards of normal play in the playground

This is the largest single group of accidents accounting for 79 of them. All resulted from what we must accept as the normal hazards of children running about in a playground in which the space available is limited. 39 of the accidents were the result of the child falling for no obvious reason. In 5 cases the child slipped on ice and in one on mud. In 3 accidents the child was injured by running into a wall and 15 were injured when children collided. 9 children were injured while playing football during playtime and 2 were hit with a cricket bat through getting too close to a game of cricket. 2 were injured at leapfrog and one each when skipping and playing on stilts, while one child was injured when running 3-legged with another child.

In addition to those injured during normal free play, a further 10 sustained injuries through falling off climbing apparatus during playtime. These accidents resulted in 5 fractured limbs, 4 mild concussions and one bruising.

2. Hazard of organised games

Each year there is a number of accidents during organised games affecting mostly those at secondary schools. During the two years under consideration there were 30 such accidents. In none could any blame be apportioned except perhaps in some cases for lack of skill of those taking part—sometimes of the child himself, sometimes of the others playing. Netball, which accounted for 7 of the accidents during 1965, resulted in no accident during 1966. Athletics with 11 accidents during the two years was the sport causing most injuries, 4 were injured when jumping hurdles, 4 when practising high jump and 3 while running. Rugby accounted for 4 accidents in 1966, but none in 1965. All the rugby accidents resulted in fractured limbs. Soccer caused only 3 accidents during the two years. Blows on the eye and face fortunately not resulting in any serious injury occurred twice in cricket games, twice at rounders and once at hockey.

3. Hazards of physical education

There were 62 accidents at physical education during the two years and practically all cases were due to lack of skill of the child concerned. Increasing use of the trampoline showed with 4 accidents all resulting in fractures, and 7 from using a trampette to jump over box (3) to high bar (2) and on to mattress (2). In one case the trampette was found to be defective. 14 children were injured when vaulting over the box or buck, in all cases through jumping awkwardly. 4 children fell off a balancing bar and another off an upturned bench. In 7 cases parallel bars were involved, in 5 of them the child being injured in moving or lowering them. 7 were injured through falling off climbing apparatus and ropes and 2 children knocked their heads on a beam. 14 were injured while doing free exercises, either through tripping or landing awkwardly when doing a roll. The remaining 2 children were hit by a bat during physical education games.

4. Hazards of school work

18 children were injured while doing school work, all through carelessness or lack of skill. Woodwork accounted for 5 of the accidents—in 3 cases a chisel slipped and in one a knife, while in the other the child lost the tip of a finger in a wood trimmer. 2 were at metal work—in one case a piece of metal flew up and hit the child in the eye, and the other some acid used to treat copper splashed into the child's eye. During chemistry lessons there were 6 accidents—3 while fitting rubber tubing on glass and one while removing rubber tubing from a tap and in two cases dilute acid was splashed into a child's eyes. None of the eye injuries was serious.

During a gardening lesson a child got in the way of another boy's spade, and sustained a cut on the eyebrow. One child sustained cuts when washing glasses after painting and another injured her hand with a needle while using a sewing machine. Strangely, even music lessons accounted for 2 accidents, one when a piano fell on the child's foot and the other when a child climbed to open a window and slipped, putting her hand through the glass.

5. Hazards of moving round school

18 children fell while moving around school, 4 children fell on stairs and 2 while at the swimming baths. In none of these accidents was another child involved, nor could any blame be attached to the child involved except for lack of care.

6. Accidents to which some element of blame can be attached

(a) *Defects of structure*

In 11 of the accidents there was some defect of structure or equipment. In one case when a child fell over banister and sustained fracture of both arms, there was a defect in design, now corrected. In another, modification in an old school, resulted in the kitchen leading directly off the main hall and a child was scalded by colliding with a kitchen helper carrying a jug of hot water.

2 children were injured by splinters, one from a mat and the other from a gymnasium floor. In 5 cases children sustained cuts from glass or nails at physical education or in playground, while another cut his hand on a dustbin. The last accident occurred through defective gas installation in a darkroom, when a boy was overcome by gas.

(b) *Deficiencies of persons*

29 of the accidents come under this category ; in 19 of them the accident resulted from unruly behaviour or disobedience of school rules. In 4 cases a child was injured by a stone or stick thrown by another child, and 4 children received injuries from lack of care in closing doors or desks. One child was injured when he braked his bicycle too violently and he was thrown off, and another received a wound of the foot by walking bare-footed when other boys were running round with spiked running shoes on.

JUVENILE DELINQUENCY

95 children (78 boys ; 17 girls) attending schools maintained by the Exeter Education Committee appeared before the Juvenile Court during 1966. Of these, 4 children (1 boy ; 3 girls) were sent to approved schools.

The total number of juvenile offenders brought to the Court shews a considerable decrease in the numbers over the last five years.

JUVENILES BROUGHT TO COURT

YEAR	BOYS	GIRLS	TOTAL
1961	186	24	210
1962	155	18	173
1963	141	5	146
1964	89	24	113
1965	121	17	138
1966	78	17	95

4 boys appeared more than once before the Juvenile Court for the same kind of offence. 2 boys appeared more than once for different offences.

The table below sets out the sex, age group and offences committed :

Juvenile Court Cases

OFFENCES PROVED	BOYS				GIRLS			
	AGE GROUP			Total	AGE GROUP			Total
	8-10	11-14	Over 14		8-10	11-14	Over 14	
Larceny	3	23	20	46	—	1	2	3
Larceny and Breaking In	—	5	5	10	—	—	1	1
Receiving	—	3	2	5	—	—	2	2
Wilful and Malicious Damage....	1	—	—	1	—	—	1	1
Act of Annoyance	—	1	—	1	—	—	2	2
Breach of Probation Order	—	—	—	—	—	1	—	1
Car and Motor Cycle Offences	—	—	3	3	—	—	—	—
Cycling Offences	—	3	4	7	—	—	—	—
Failing to Attend School	—	2	—	2	—	—	—	—
Being in Need of Care and Protection	1	1	—	2	1	1	2	4
Beyond Control...	—	—	1	1	—	—	3	3
TOTAL	5	38	35	78	1	3	13	17

Approved School Admissions.

During 1966, 4 children (1 boy ; 3 girls) all aged 14 years were sent by the Court to approved schools ;

The reasons were :

Larceny	1
In need of care and protection	3
TOTAL	4

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

During the year 369 children (227 boys ; 142 girls) applied in accordance with the Bye-laws (1949) for part-time employment certificates for the first time and 138 children (94 boys ; 44 girls) for the re-issue of the certificate after working between 3 and 6 months.

Where a child has had a complete medical examination within the previous 12 months and subject to written confirmation by the parents that the child has had no serious illness or accident since that date, an employment certificate is issued without carrying out another medical examination. Certificates were issued under this procedure to 71 new applicants (37 boys ; 34 girls) and (as a re-check) to 119 (79 boys ; 40 girls) who had been working for 3 months or so.

Licences were issued to 298 school children (190 boys ; 108 girls)—including 9 from independent schools, after medical examinations ; 4 children (2 boys ; 2 girls) were found to be unfit for part-time employment, at the time of medical examination, viz. : 1 boy, 13 years, asthma ; and 1 girl, 15 years, menorrhagia, were referred for treatment ; 1 boy, 14 years, an epileptic and emotionally disturbed ; and 1 girl, 14 years, with postural scoliosis, were temporarily refused.

19 children (15 boys ; 4 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

TYPE OF EMPLOYMENT (NEW CASES)	*Boys*	*Girls*
Delivery of newspapers	193	76
Delivery of groceries	2	—
Delivery of meat	7	—
Delivery of milk	4	—
Hairdressing	—	18
Shop assistants	—	36
Waitress	—	5
Chemist	3	—
Miscellaneous	18	7
TOTAL	227	142
	369	

SCHOOL LEAVING REPORTS

During 1966, 50 reports were sent to family doctors about children leaving school who were handicapped or had defects or any important medical history.

64 school leaving children were reported to the Youth Employment Officer regarding suitable employments.

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

Reported on Form Y.9 during 1966

Form Y.9 is a medical report sent to the Youth Employment Officer indicating the employment(s) considered unsuited to the individual leaver having regard to his handicap as stated and when the handicap is such that registration under the Disabled Persons (Employment) Act, 1944 is not considered necessary.

Main Defect	*Boys*	*Girls*	*Total*
(a) Defective Colour Vision	15	—	15
(b) Educationally Subnormal	4	7	11
(c) Epilepsy	8	1	9
(d) Asthma	5	—	5
(e) Heart Condition	—	1	1
(f) Eczema	1	—	1
(g) Mild Spastic	2	—	2
(h) Hearing	2	3	5
(i) Maladjusted	2	—	2
Total	39	12	51

Reported on Form Y.10 during 1966

(Form Y.10 is a medical report indicating severe handicaps where registration under the Disabled Persons (Employment) Act, 1944 should be considered).

Main Defect	*Boys*	*Girls*	*Total*
(a) Educationally Subnormal	2	2	4
(b) Partially Sighted (Blind)	1	—	1
(c) Deaf	2	—	2
(d) Physical Disability	2	—	2
(e) Delicate	2	—	2
(f) Epilepsy	1	—	1
(g) Maladjusted	1	—	1
Total	11	2	13

It is becoming increasingly apparent that the existing Y.9 and Y.10 forms do not sufficiently serve their original purpose, with the result that insufficient information is available to the Youth Employment Officer unless supplemented by adequate notes ; completely revised forms would seem desirable.

Financial Year ended 31st March, 1966

(The City Treasurer has kindly supplied me with the following figures) :

(a)	Total cost of School Medical and Dental Services	£41,715
(b)	Actual cost to the rates..	£41,715
(c)	Cost in terms of penny rate	2.19d.
(d)	Cost per child to the Exeter Education Committee (based on a school population of 11,454)	£3.12.10d.

RETURNS TO THE DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1966

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1967 :

(i)	Form 7 Schools	12,395
(ii)	Form 7M	7
(iii)	Form 11 Schools....	46
	Total	12,448

PART I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
		Number	Number	
(1)	(2)	(3)	(4)	(5)
1962 and later	52	52	—	—
1961	494	494	—	1
1960	576	576	—	—
1959	—	—	—	3
1958	—	—	—	38
1957	—	—	—	37
1956	—	—	—	18
1955	—	—	—	11
1954	—	—	—	14
1953	390	388	2	13
1952	272	272	—	14
1951 and earlier	39	39	—	10
Total	1,823	1,821	2	159

Table A—PERIODIC MEDICAL INSPECTIONS
—continued

Age Groups Inspected (By year of birth)	Pupils found to Require Treatment (excluding dental disease and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(6)	(7)	(8)
1962 and later	1	10	9
1961	8	59	55
1960	14	47	46
1959	—	—	—
1958	—	—	—
1957	—	—	—
1956	—	—	—
1955	—	—	—
1954	—	—	—
1953	33	44	71
1952	33	36	57
1951 and earlier	1	8	7
Total	90	204	245

Table B—OTHER INSPECTIONS

Number of special inspections	1,232
Number of re-inspections	3,843
Total	5,075

Table C—INFESTATION WITH VERMIN

Notes : All cases of infestation, however slight, should be included in Table C.
The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	11,115
(b)	Total number of individual pupils found to be infested	79
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil.
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil.

PART II.

Defects found by Periodic and Special Medical Inspections during the Year

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS								SPEC. INSP.	
		Entrants		Leavers		Others		Total			
		T.	O.	T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	15	24			23	12	38	36	11	17
5	Eyes: (a) Vision	23	114			67	32	90	176	52	52
	(b) Squint	14	3			8	3	22	6	3	1
	(c) Other	3	5			1	3	4	8	4	4
6	Ears: (a) Hearing	8	71			3	22	11	96	26	36
	(b) Otitis Media	3	50			3	7	6	57	4	6
	(c) Other	7	18			8	2	15	20	5	1
7	Nose and Throat	10	181			3	31	13	212	10	71
8	Speech	9	38			4	5	13	43	7	5
9	Lymphatic Glands	1	44			—	4	1	18	—	6
10	Heart	3	20			3	10	6	30	2	10
11	Lungs	13	47			2	13	15	60	11	21
12	Developmental:										
	(a) Hernia	2	1			—	—	2	1	—	1
	(b) Other	1	27			1	8	2	35	—	8
13	Orthopaedic:										
	(a) Posture	1	15			4	22	5	37	3	16
	(b) Feet	8	47			5	9	13	56	7	19
	(c) Other	8	40			6	22	14	62	8	10
14	Nervous System:										
	(a) Epilepsy	4	3			3	2	7	5	7	4
	(b) Other	1	5			2	5	3	10	—	6
15	Psychological:										
	(a) Development	—	6			5	10	5	16	12	9
	(b) Stability	1	21			3	6	4	27	5	12
16	Abdomen	2	5			1	2	3	7	—	3
17	Other	2	72			—	6	2	78	11	37

T means requiring Treatment. O means requiring Observation.

PART III.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	131
Errors of refraction (including squint)	798
TOTAL	929
Number of pupils for whom spectacles were prescribed	304

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	16
(b) for adenoids and chronic tonsillitis	216
(c) for other nose and throat conditions	23
Received other forms of treatment	819
TOTAL	1,074
Total number of pupils still on the register of schools at 31st December, 1966, known to have been provided with hearing aids :	
(a) during the calendar year 1966	7
(b) in previous years	43

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	23
(b) Pupils treated at school for postural defects	6
TOTAL	29

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

		Number of cases known to have been treated
Ringworm :	(i) Scalp	—
	(ii) Body	2
Scabies		2
Impetigo		23
Other skin diseases		244
	TOTAL	271

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	263

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	321

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	742
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	921
(d) Other than (a), (b) and (c) above. Please specify:	
Heart conditions (incl. Rheumatism and Chorea)	14
Lungs (incl. Tuberculosis and Non-Tuberculosis conditions, Bronchitis, etc.)	338
Epilepsy and other nervous conditions	28
Miscellaneous: Glands, Abdomen, Appendicitis, Influenza, Fractures, Urinary conditions	826
TOTAL (a) — (d)	2,869

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Ages 5 *to* 9	*Ages* 10 *to* 14	*Ages* 15 *&* over	*Total*
First visit	1,543	1,524	323	3,390
Subsequent visits	1,847	3,312	818	5,977
Total visits	3,390	4,836	1,141	9,367
Additional courses of treatment commenced	439	342	79	860
Fillings in permanent teeth	777	2,650	821	4,248
Fillings in deciduous teeth	235	35	—	270
Permanent teeth filled	626	2,375	753	3,754
Deciduous teeth filled	217	31	—	248
Permanent teeth extracted	97	578	166	841
Deciduous teeth extracted	1,820	544	—	2,364
General anaesthetics	925	578	100	1,603
Emergencies	412	206	54	672

Number of pupils x-rayed	140
Prophylaxis	700
Teeth otherwise conserved	3,224
Number of teeth root filled	3
Inlays	NIL
Crowns	5
Courses of treatment completed	3,899

Orthodontics

Cases remaining from previous year	290
New cases commenced during year	21
Cases completed during year	40
Cases discontinued during year	26
Number of removable appliances fitted	44
Number of fixed appliances fitted	1
Pupils referred to Hospital Consultant	16

Prosthetics	5 *to* 9	10 *to* 14	15 *& over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	NIL	NIL	NIL	NIL
Pupils supplied with other dentures (first time)	NIL	24	8	32
Number of dentures supplied	NIL	25	10	35

Anaesthetics

General anaesthetics administered by Dental Officers	888

Inspections

(a) First inspection at school—Number of pupils	11,248
(b) First inspection at clinic—Number of pupils	724
Number of (a) + (b) found to require treatment	6,745
Number of (a) + (b) offered treatment	6,449
(c) Pupils re-inspected at school or clinic	350
Number of (c) found to require treatment	289

Sessions

Sessions devoted to treatment	1,612
Sessions devoted to inspection	82
Sessions devoted to Dental Health Education	NIL

SCREENING TESTS OF VISION AND HEARING

(Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals).

1 (a) Is the vision of entrants tested as a routine within their first year at school ? ....

YES	NO
✓	

(b) If not, at what age is the first routine test carried out ? ....

2 At what age(s) is vision testing repeated during a child's school life ?

6	7	8	9	10	11	12	13	14	15	16
	✓			✓		✓	✓	✓		✓

3 (a) Is colour vision testing undertaken ? ....

YES	NO
✓	

(b) If so, at what age ? .... X ....

(c) Are both boys and girls tested ? ....

BOYS	GIRLS
✓	—

4 (a) By whom is vision testing carried out ? School Nurses

(b) By whom is colour vision testing carried out ? School Nurses and Deputy P.S.M.O.

5 (a) Is routine audiometric testing of entrants carried out within their first year at school ? ....

YES	NO
✓	

(b) If not, at what age is the first routine audiometric test carried out ? ....

(c) By whom is audiometric testing carried out ? Audiometricians.

APPENDIX A

THE EXETER AUDIOLOGY UNIT

The following leaflet was "handed out" to the guests invited to the official opening of the Audiology Clinic on 26th October, 1966.

The plan kindly prepared for me by the City Architect (Mr. Vinton Hall, A.R.I.B.A., A.M.T.P.I.) shows the adaptation of the old war-time decontamination centre, which had been converted for use as a men's adult training centre until that was transferred to the Nichols Centre.

CITY OF EXETER

Health Department,
5, Southernhay West,
Exeter.

26th October, 1966.

THE EXETER AUDIOLOGY UNIT

Bull Meadow Road

Deafness may be total or partial, severe or slight, congenital or acquired. Much can be done for the deaf child, especially if discovered early. The recognition of deafness within the first year of life, with subsequent training of the child, by both the mother and professional workers, to develop what hearing still remains, offers the best chance of normal development for the congenitally partially deaf child. Health visitors try to detect deafness in babies from six to twelve months of age where there is reason to suspect it as a possibility, but they do not routinely test all infants. Parents should consult their doctor or the child welfare clinic doctor, or the health visitor **early** if they have any fear at all that their baby may be deaf. The hearing of school children is tested systematically soon after entry to school.

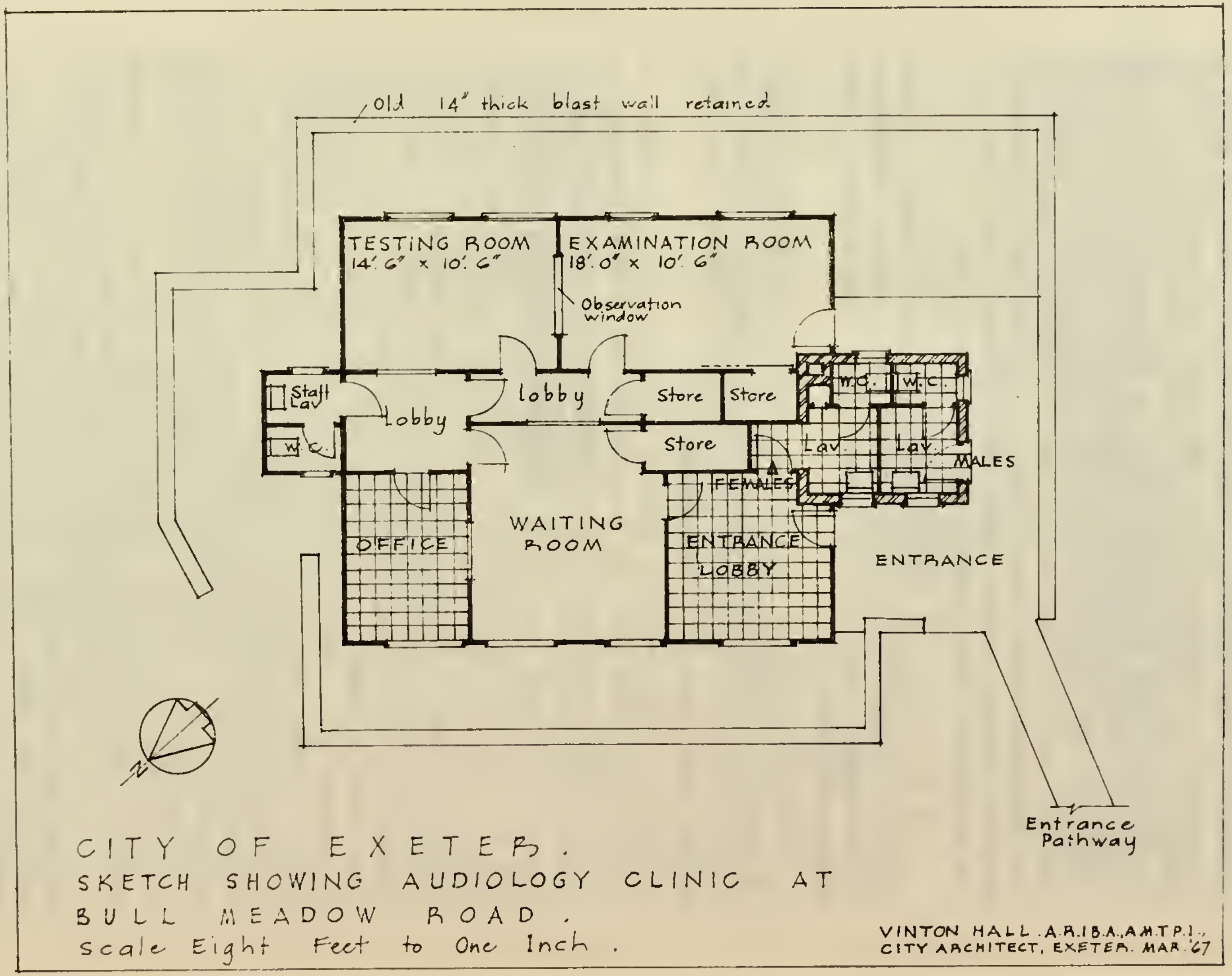
If hearing loss is suspected, more detailed examination becomes necessary. The audiology unit is designed to secure the best conditions for this further testing and for the investigation of the causes of any deafness found. It is used not only for infants, but also for school children and for the instruction of parents as to how they can best help partially hearing children, both in regard to hearing and speech development.

The Exeter Unit is in a former wartime decontamination centre, adapted and reconstructed in 1966, under the direction of the then City Architect, Mr. Harold Rowe, F.R.I.B.A. It is well sited, and the surrounding blast wall, 10 feet high, has been preserved to insulate the Unit to a considerable extent from traffic noises. The two main rooms are, one for the actual testing, and the other an adjoining observation room from which, through a one-way viewing panel, the observer(s) can watch, unknown to the child, his reactions to the various tests. An adaptable intercommunication system enables the observer to direct the tester without the child hearing his instructions. Both rooms are soundproofed and fully equipped with audiometers, sound-level meters, tape recorder, speech training units, and other necessary testing material. Much of the assessment is made in " free field " conditions, using high and low frequency sounds made by various rattles and toys, and by the spoken voice, at varying distances, with baby sitting on mother's knee or playing about. It is also possible to undertake pure-tone audiometric testing of older children by remote control, the tester being in one room and the child in the other. Both rooms are wired for loop induction which ensures that a child with an appropriately adapted hearing aid can, whilst moving freely in the room, hear the teacher or other person using the microphone.

An ear, nose and throat surgeon, a paediatrician, a school doctor, a teacher of the deaf, a health visitor and an educational psychologist, a speech therapist and others, collaborate as a team in the assessment.

Close co-operation has been established with the Royal West of England Residential School for the Deaf, in Exeter, and Exeter's severely deaf children can attend the nursery class there as day pupils from two years of age.

E. D. IRVINE,
Medical Officer of Health and
Principal School Medical Officer.



CITY OF EXETER.
SKETCH SHOWING AUDIOLOGY CLINIC AT
BULL MEADOW ROAD.
Scale Eight Feet to One Inch.

VINTON HALL. A.R.I.B.A., A.M.T.P.I.,
CITY ARCHITECT, EXETER. MAR. '67